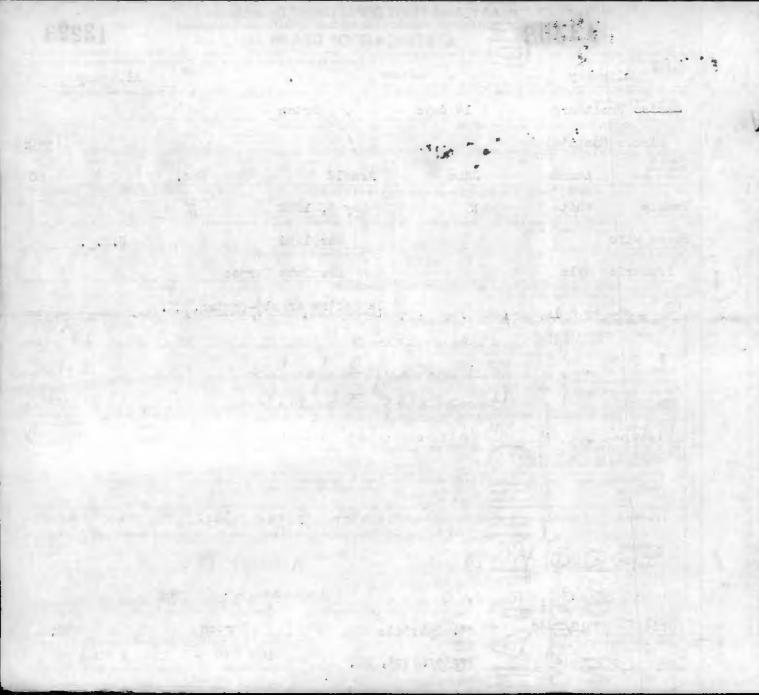
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 13308 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

13223

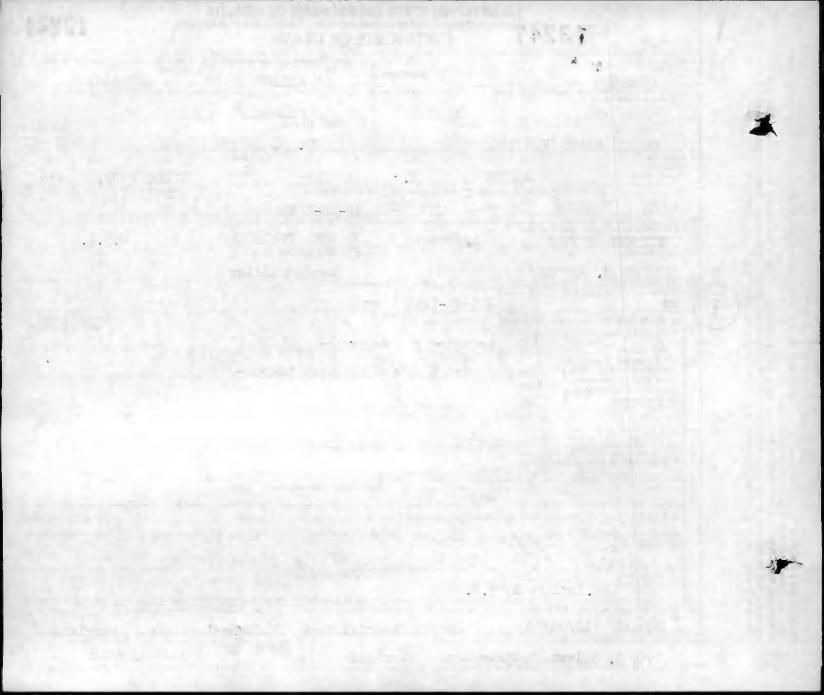
o. COUNTY Allegany	MARYLAND	a. STATE M de	Mare decedated live	b. COUNTY	Allega					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	14 days	c. CITY OR TOWN (IF	outside corporate l	imils, write RU	RAL and give ne	arest tawn)				
d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION Miners Hospital	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO S				
3. NAME OF DECEASED (Type or print) Amanda	Jane Middle	Arnold	4. DATE OF DEATH	Month	1 Di	19 60				
S. SEX 6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH May 3, 1882	9. A	GE (In years st birthday) 78 yrs.	Months Days	Hours Min.				
10a. USUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if relired) House wife	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote Maryland	e or foreign country	()	U.S.	F WHAT COUNTRY?				
13. FATHER'S NAME Frederick Kyle		14. MOTHER'S MAIDEN Harriett				a				
75. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] (If yes, give wer or date of service) 100		atherine Arno	old-Barto	Addre n. Md.	255					
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to)	ne for (a), (b), and (c).]	ia			ON	ERVAL BETWEEN SET AND DEATH				
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	ulmonary	Infact	time		5	24 hours				
PART II. OTHER SIGNIFICANT CONDITIONS OLOGIC SCHOOL SCHOO	CONTRIBUTING TO DEATH BUT	las dusea	se Gra	de I	N IN PART 1(a)	PERFORMED? YES NO				
20c. TIME OF INJURY Month, Day, Year 20d, I Hour a.m. While										
21. I certify that (I) (this hospital) attended the deceased fram. Nov. 4, 1960, to Dec. 4, 1969 that (I) (we) last sow the deceased alive on Dec. 3, 1960, and that death accurred at 20M, from the causes and on the date stated above.										
220. SIGNATURE	1	ATTENDING A	AED S1	TAFF	on the don	22b. DATE \$IGNED				
22c. PHYSICIAN'S NAME (Type) L.R. MILES JR.	M.D	LONACO	NING	MO						
230. BURIAL, CREMATION, 23b. DATE THEREOF BUTIA! 12/7/60	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION Barto		r caunty)	(State)				
24. FUNERAL DIRECTOR'S SIGNATURE	St. Gabriels ADDRESS Westernport,	P	D BY REGISTRAR	25b. REGIST	TRAR'S SIGNATU					



VR A1S (4) 15M 9/S9

1	3	2	2	4
alle.	~	Page 1		

1	o. COUN	OF DEATH NTY NT.T.E.G.A.N	TV.		M	ARYLAND	o. STATE	DENCE (WI		I lived. If instituti b. COUNTY			ssion)
h	b. CITY (b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND LEO DAYS					c. CITY OR		outside corpo	rote limits, write R	A STATE OF THE PARTY OF THE PAR		vn)
4	d. NAMI OR IN	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION				d. STREET A			TT DOM		ON	SIDENCE A FARM?	
		SACRED HEART HOSPITAL				II K	F . #11		TIE ROAD			1	
	3. NAME C DECEASI (Type or	ED		First		ddle 13	Los Los		4. DATE OF DEATH	Man		Day	Yeor
	S. SEX	print;	6. COLOR OR RA	SAMUI	and the same of	E.	B. DATE OF BIRT	-	DEATH	9. AGE (In years	the state of the s	YEAR IF UNE	1960 ER 24 HRS
	MAT	. F.	WHITE		RRIED NEVER MA	RCED		188),		lost birthdoy) 76 yrs.		ays Haurs	
	10a. USUAL	OCCUPATIO	N (Give kind of we	rk done 10	b. KIND OF BUSINES	S OR INDU			or foreign co	ountry)	12. CITIZE	NOF WHAT	COUNTRY?
			ing life, even if reti RETTRED	red)	Farmer	r	WES	r VIR	GINIA		U.	S.A.	
	13, FATHER						14. MOTHER'S						
	WIT	J. TAM P	. ARNOLD				Harr	iet I	iller				
-		ECEASED EVE	R IN U. S. ARMED		6. SOCIAL SECURITY	NO. 17. II	NFORMANT			Add	ress		
	No	nanown]	If yes, givn war or dolen	or service)	220-34-12	40	CHART						
	18. CA	USE OF DEA	TH [Enter only on	cause per	line for (o), (b), and		7.1					INTERVAL E	BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CAUSE & COLORS											
	4	450	DUE DUE		O A	7	2	1					
	Cond	Conditions, if any, which) (b) Markell shleripseleroses											
	gove	rise to i	mmediate ((b) 276	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Delac		N					
		(o), stoting couse lost.	the under-	(c)		V							
	ATION	PART II. OTH	IER SIGNIFICANT C	1-7	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION GIV	VEN IN PART 1	(o) 19. WAS PERF YES	ORMED?
	OR CO	NTRIBUTING	S UNDERLYING CAUSE OF DEA MEDICAL EXAMINE	TH	ESCRIBE HOW INJUR	Y OCCURRE	D. (Enter noture o	f injury in	Part I or Par	1 II of item 18.)			
		AE OF INJUR four a.m. p.m.		Whil	INJURY OCCURRED Not while ork at wark		ACE OF INJURY (clory, street, offic		n, 20f. (City	ar town)	(Co	unty)	(State)
	21. l c	ertify tha	t (1) (this hasp	tal) atter	nded the deceas	ed fram		, 19	2 , ta_		, 19	, that (I)	(we) last
	saw t	he deces	ed alive an	<u>^</u>	19 00	and that o	leath accurre	d at	.M, fram	the causes ar	nd an the	date state	d abave.
	22o. Si	GNATURE	2.11	1	foul	1	ATTENDIN	G L M	LED.	STAFF PHYS.			26. DATE SIGNED
		HYSICIAN'S AME (Type)	Dr.Earl F	aul,	M.D.		22d. ADDR						71
	REMQ	L, CREMATIO VAL (Specify) Urial	N, 23b. DATE THE		23c. NAME OF C		r CREMATORY	a)e		TION (City, town,			ote)
1			S SIGNATURE	,,,	ADDRESS	o Metil	TTAL PAI		D BY REGIST		STRAR'S SIGN	ATURE	nd
5			Silcox	Cum	berland	Maryl	and	DATE	3 6		hun S. Hi		



MARYLAND STATE DEPARTMENT OF HEALTH 1330 SVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Poge 4	erol director, be filed with	(M)	1. FLACI
r death.	Synerol direct		b. CIT

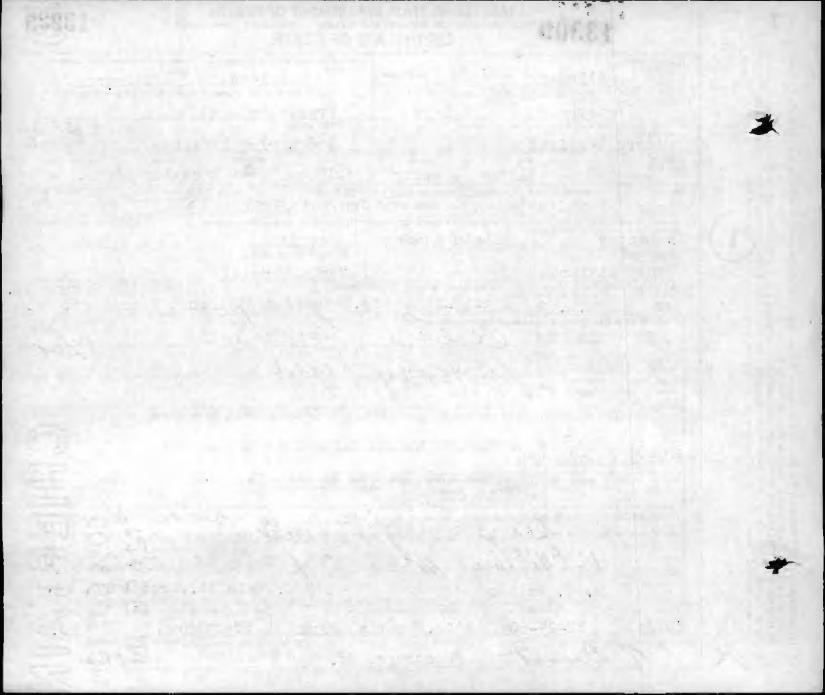
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained by the hospital or ottending physician.

TO FUNERAL DIM CTOR: After this certificate has been signed by the ottending physician and completely filled in by manager 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2: At the State Board of Health priar to burial, cremation, or remayal, and in any event, within 2 hours after death.

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VR A15 (4) 15M 9/59

OEKINION	IL OI DEATH
), PLACE OF DEATH o, COUNTY	2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission)
Allegany	Maryland Allegany
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest fawn)
Frostburg 6 Days	22Frostburg
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Miners Hospital	166 Spring Street YES NO K
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) William Henry	Atkinson December 20th. 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	Jan. 26th, 1921 last birthdoy) Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Inspector State Roads	Maryland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Atkinson	Viola Merrill
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address 166 Spring S
Yes, po, or unknown) (If yes, give war or dates of service) Yes W.W. 2 213-18-2509 Mil	rs. Katherine Atkinson, Frostburg, Md.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO (b) DUE TO	belgia
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II af item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED for the p. m. 19 at wark at wark	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State octory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased frame	DEC 15 . 166 . 10 DOC 70, 1960, that (1) (we) las
	death accurred at MM, from the causes and an the date stated above
220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. 22b. DATE
22c. PHYSICIAN'S NAME (Type) W. O. McLane	167 E. Main St., Frostburg, Md.
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
Burial 12-24-60 F'bg.Memor	ial Park Frostburg, Md.
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
K. Il Durat Frostburg	Md. DATE DEC 2 7 '60 arthur & Krous



-	13248 CERTIFICATE OF BEATT	Reg. Dist. No.
	1. PLACE OF DEATH 6. COUNTY HILE Q 2 MY MARYLAND 2. USUAL RESIDENCE (Where docedon STATE OF S	seed lived. If institution: Residence before admission) b. COUNTY PILEO DNU
M	b. CITY OR TOWN (If autside conforate limits, write RURAL and give necrest town) Compession of the conformation of the confor	rporate limits, write RURAL and give wearest town}
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION.	ral Ave O. 15 RESIDENCE ON A FARM? YES NO A
X	3. NAME OF DECEASED (Type or print) Thomas Beard 4. DATI OF DECEASED	10
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH COLORED WIDOWED DIVORCED 100. 25. 1875	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTI
7	13 ATTHER'S NAME 14 MOTHER'S MAIDEN NAME	rginia U.S.A.
	Thomas Beard Unknow	n
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) 15 yes, give wor or dates of service) 705-05-4442 Leonard Beard	433 Central AVE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (a), stoling the under-tying couse last. IMMEDIATE CAUSE (a) DUE TO DUE TO (b) DUE TO (c)	ren jeur
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS) PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	art II of item 18.)
	To a m. 19 Ot. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while of work at work at work.	City ar town) (County) (State
	21. I certify that I attended the deceased from June 15, 1960, to Dunialive on New 15, 1960, and that death occurred at M, fr	7, 19, 4 Ghat I last saw the deceas om the causes and on the date stated abo
1	ACTUAL SIGNATURE A. M. S. Sheen	(Street, city of town, state) DATE SIGN Life Circled My 12/2/
7	PHYSICIAN'S	, ,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VS A

. H	TARGATE OF DEAT	DED	
			17/4/12/1

40 9 VS. A15ME 5M 2/57

	MA	RYLAND ST	ATE DEPARTME	NT OF HEALTH	H-BALTIMORE,	18
1	ラジャ カ	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	

13227

			1111				Reg. Dist No.						
1		LACE OF DEATH	11290	nu	MARYL	O. SPATH	RESIDENCE (Where deceased live	b. COUNTY	esidence before	odmission)		
1	Ь	ond give seprent town)	outs do corporate limits write	RURAL	c. LENGTH OF STAY IN	1 1b c. CITY	OR TOWN III	f autside corporate	limits, write RURAL	and give near	est town)		
	d	I. NAME OF HOSPITA	L OF INSTITUTION (If not in hospi	ta), give street address)	J-STRE!	ET ADDRESS	a l	1,5	e.	IS RESIDENCE ON A FARM?		
		MINC	5 1105	5//1/		1. 17	etw	rold.	1	Y	ES D NO S		
		NAME OF DECEASED (Type or print)	ARCH	st	Middle	C AMER	Lost	4 DATE OF DEATH	Month	Doy	Yeor 1966		
	5, 9	SEX		7. MARRIED	NEVER MARRIED			9 AC	Intelliging 1		UNDER 24 HRS		
		Male	White	WIDOWED !	DIVORCED	Oct	ilQth		Marii	hs Days He	ours Min		
	10a	ouring most or working	ille, even if refired)	done 10b, KIN	ND OF BUSINESS OR IN				12.		HAT COUNTRY		
	13.	Construction FATHER'S NAME	ton		A AAA ST YESTERSON	14. MOTHE	aryla:	nd NAME		.U.S.	A		
•			iam Came R IN U.S. ARMED FO [1] yes, give wor or Boles of	RCES? 16 SC	DCIAL SECURITY NO	17. INFORMANT	mma_M	offatt_	Address				
	_	No				Mrs. E	dna C	ameron	Lonaco	oning.	MD.		
			H [Enter only one cou H WAS CAUSED BY:	se per line for	(o), (b), and (c),]		The h	a - 16	(WI	TE) ONSET A	DEIWEEN		
		45	MMEDIATE CAUSE (6)		orone	ry.	1100	071100	241_	2-0	MULTI		
		Conditions, if on		(1	DIANA	eles S	nlo	80-11	1		7		
		gove rise to immedi (e), stoting the u				/	علن المحاد	260			-		
		cause lest.) (c)										
	CERTIFICATION	PARE II, OTHI	K SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	NAL DISEASE CON	DITION GIVEN IN	FART 1(o) 19, V F YES	ERFORMED?		
)		20a. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	6. DESCRIBE E	HOW INJURY OCCURR	ED (Enter noture o	finjury in Par	1 For Fort II of iten	n 16)		7		
	MEDICAL	20c. TIME OF INJUR Hour q. m. p. m.	Y Month, Day, Yea	While	JURY OCCURRED 20e	PLACE OF INJUR factory, street, of	Y (Home, form lice bldg., etc.	.) 20f. (City or tov	en)	(County)	{S10*e}		
		21. I certify the	of I took charge	of the re	mains described	obove, held	on Autops	y , Inspec	tion 🔯, Inc	uiry 🔀	ond in my		
3		opinion death r	resulted from: 1	Natural co	uses XI. Accide	ent 🔲, Suic	ide 🔲, I	Homicide [],	Undetermine	d monner			
		ACTUAL SIGNATURE	WOM	C/ Ti	ine_	M D. CHIE	F MEDICAL EX	XAMINER [A	01/1	ATE SIGNED		
		EXAMINER'S NAME (Type)	WO M	1c/	ane Mh	1		AL EXAMINER (50016	1960		
7	220	BURIAL CREMAT OF REMOVAL (Specify)	1, 226 DATE THEREO	F 2	20 NAME OF CEMETER	Y OR CREMATORY		224 LOCATION (Cily, lown or coun	iy)	(State)		
1		Burial FUNERAL DIRECTOR'S	12/17/ SIGNATURE	1960	Oak Hill	Cemete	4	Lonaco	ning N	D.	-		
3		GEORGE E		L	ONACONING	, MD.		1 9 '60	_ walnut 2	11			
1													

7.3 To the house of the second

* O P I 1)									
1 PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived If institu b. COUNT	tian: Residence before admission)					
		MARYLAND		ALLEGANY					
 b. CITY OR TOWN (If autside corporate limits, w RURAL and give nearest tawn) 	rite c. LENGTH OF STAY IN 16	JE 3		RURAL and give nearest tawn)					
CUMBERLAND	I HRS.	📗 🔻 🚨 CUMBERLAN	ND ON						
d. NAME OF HOSPITAL III POLITE HOSPITAL AVE OR NSTITUTION MEMORIAL HOS MEMORIAL & WARWICK AV	PTAL	d. STREET ADDRESS 823 EAST	FIRST STREET	• IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First	Middle	Lost	4. DATE Me	onth Day Year					
(Type or print) ETHE	L A.	CARROLL	OF DEATH DECI	EMBER 24 160					
S SEX 16. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGF (In year	IF UNDER TYEAR IF UNDER 24 HR					
	DOWED DIVORCED	APRIL 12,189	- lost highland	Months Days Haurs Min.					
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		JSTRY 11. BIRTHPLACE (State)	ar fareign country)	12. CITIZEN OF WHAT COUNTRY					
Housewile	Ownhome	FROSTE	BURG. MD.	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N							
JOHN W. WILSON		AL PHA	ARETTA A. LEE						
S. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT		Idress					
(If yes, give war or dates of service	1	EMORIAL HOSPIT	TAI CUM	BERLAND, MARYLAND					
TO CAUSE OF PEATH TEND TO THE		CHOSTAL HOTEL	TAL COM	JERLAND, MARYLAND					
18. CAUSE OF DEATH [Enter only one cause	per tine sar (a), (b), and (c).	and The	- Land	ONSEL AND DEATH					
IMMEDIATE CAUSE (o)	CONUN	1/100	111111-12	4 120-					
DUE TO	A	50 Dal- 01	1. 6-	AT					
Canditions, if any which (b) (b)	drewer	is show	itela.	1920					
cause (a), stating the under-									
lying couse last. (c) Challenon Cheron (c)									
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition g	IVEN IN PART I(a) 19. WAS KUTOPS' PERFORMED? YES NO []					
	. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in F	Port I ar Part II af item 18.)						
	f.	LACE OF INJURY (Hame, farm,	, 20f. (City ar tawn)	(Caunty) (Stat					
	While Not while to work at work at work at work	octory, street, office bldg, etc.	1 1						
21 F certify that (I) (this haspital) a	ttended the deceased fram.	Jame 19.	57.00.00.2	4, 1960 that (1) (we) la					
saw the deceased alive on the	1966, and that	death accurred 6:30	M.Mram the causes of	ind an the date stated above					
22a SIGNATURE		1		22b.DATE SIGNE					
alayl, Jou	ret	M.D. PHYS.	D. STAFF	31014					
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS							
CLAY DURRETT		236 VIRGII	NIA AVE. CUM	BERLAND, MARYLAND					
23a. BURIA., CREMAT ON. 23b. DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town						
REMOVAL (Specify)	Eckhart Ce		Eckhart, I						
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE					
Ismes F Scarpelli			100 2 8 100						

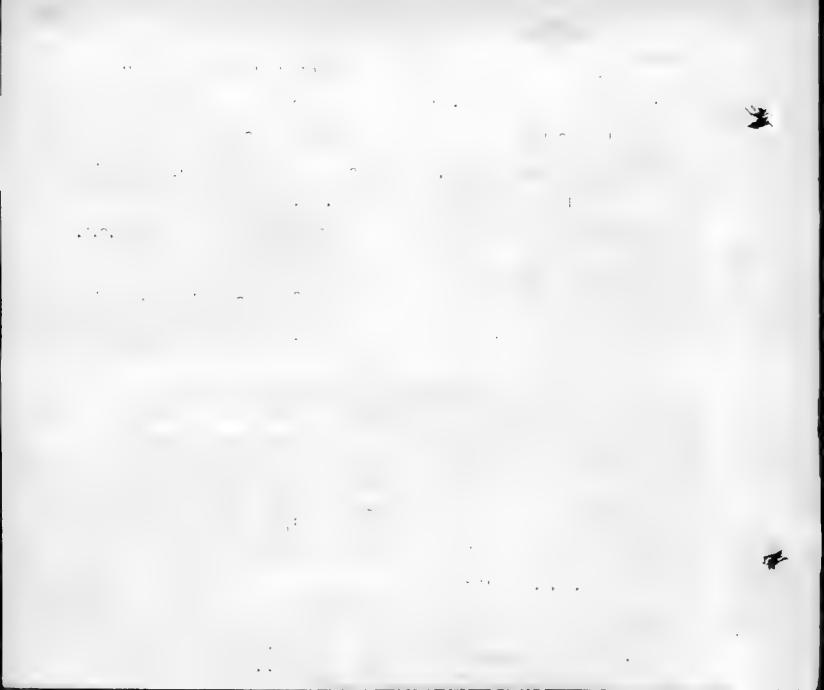
TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained, the haspital at attending physician.

TO FUNERAL DINACTOR: After this certificate has been signed by the attending physician and campletely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remained appears. Pages 1 and 2 stored be filled with the State Board of Health prior to burial, cremation, ar remained, and in any event, within 72 haurs after death. VR A1S (4) 15M 9/59



VR A15 (4) 1SM 9/59 BLACE OF DEATH

	o. COUNTY ALLEGANY	MARYLAND	CTATE	GINIA b. COUNTY	MINERAL
1	b. CITY OR TOWN (If outside corporate limits, write RURA) god give nearest lown) COMBERLAND	5 DAYS	c. CITY OR TOWN (If o	viside corporate limits, write RURAL o	nd give nearest town)
	d. NAME OF HOSPITAL (If not in hospito), give street OR INSTITUTION AL HOSPITAL	oddress)	d. STREET ADDRESS	N STREET	e. IS RESIDENCE ON A FARM? YES NO N
	3 NAME OF First DECEASED (Type or print) FLORA	- +	Lost HASE	4. DATE Month OF DEATH DECEMBE	R 24 19 60
	FEMALE 6 COLOR OR RACE 7 MAR WIDOW		OCT. 25, 18		DER 1 YEAR IF UNDER 24 HRS Days Hours Min
	100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Store : WEST VIRG		CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME SAMUEL ALBRIGHT		14. MOTHER'S MAIDEN N RACHEL HAR		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		FORMANT MORIAL HOSPIT	AL - CUMBERLAND,	MARYLAND
	18. CAUSE OF DEATH [Enter only one couse per rise to immediate (b).	ne for (o), (b), and (c).]	Corolic Co	Erdio Vasce	UNTERVAL BETWEEN LONSET AND DEATH LONG JULY 5
1.	couse (o), stating the <u>under-lying couse lost.</u> Course lost. Course lost.	Citypica CONTRIBUTING TO DEATH, BUT MIRRELL	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN (PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO IP
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in F	art I or Port II of item 1B)	
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While p. m. 19	Not while foci	CE OF INJURY (Home, form, tory, street, office bldg., etc.		(County) (State)
	21 I certify that (I) (this haspital) attends saw the deceased alive on 12-2	ded the deceased fram	eath occurred of 15A	M, from the couses and on	
	220 SIGNATURE MAN J. M.	Elinus		STAFF PHYS	226 DATE SIGNED
	22c PHYSICIAN'S NAME (Type) DR. W.F. WILL	IAMS	22d. ADDRESS	bereaux	Md
	23a. BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) Burial 12/27/60	23c NAME OF CEMETERY OF		23d LOCATION (City, town or coun	,,
	24, FUNERAL DIRECTOR'S SIGNATURE	Fort Ashby (Fort Ashby BY REGISTRAR 256, REGISTRAR'S	SIGNATURE
	Ruth E. Silcov Cumbe			2 8 '60	



tem



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased I yed, If institution: Residence before admiss on] b. COUNTY ALLEGANY a. COUNTY ALLEGANY MARYLAND c City OR TOWN (If outside corporete limits, write RURAL and give necres) town) b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 1b write RURAL end give neerest town) CUMBERLAND CUMBER! AND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) MEMORIAL HOSPITAL, A STREET ADDRESS e. IS RESIDENCE R.F.D.# YESXX NO T MEMORIAL & WARWICK AVES. NAME OF DATE Midd e DECEASED OF 1960 DECEMBER (Type or print) DEATH RICHARD LEE CROSS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers IF UNDER I YEAR) B. DATE OF BIRTH lest birthday) Months MALE WIDOWED DIVORCED 10e. USLAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) CUMBERLAND, MD. Plumber Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNA RIDENBAUGH 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | [Ifyesgive werordetesofservice] INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), ye), and (c)

ON A FARM? IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO [e], stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ary in Pert II or Pert II of Ilem 18.)

OR CONTRIBUTING [] CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 201_ (City or town) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY [Home, ferm, (County) (Stete) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., etc.) While Not While el-1707k 31.../LC..., 19....., that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from.19, and that death occured lat 18 AMfrom the causes and on the date stated above. 220. SIGNA 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 122 SOUTH CENTRE ST., CUMBERLAND, MD.

FUNERAL 0 VR A15 (4) 15M 9/60

executed

BURIAL, CREMATION, | 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

23d. LOCATION (City, lown or county)

Cumberland, Md.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE Byron Kight

ADDRESS Cumberland, Md.

Christing & Thous



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

		12955		CERTI	FIC	ATE OF DEATH			Reg. Di	st. No.	13	232
1	PLACE OF DEATH COUNTY	any		MAR	(LAND	2. USUAL RESIDENCE (Who o. STATE,		d tived. If instituti b. COUNTY	an: Residen			on)
Г	b. CITY OR TOWN (IF	autside carporate limit	is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN [If ou	tside carpa	rate limits, write R	URAL and	give nea	rest fown)
П	Cumberla	7		45yr	S	Cumberland	. (2				
	or institution	AL (If not in hospitol, g Centre St		address)		d. STREET ADDRESS 505 N. Ce	ntre	st.		Í		DENCE FARM? NO F
	NAME OF DECEASED (Type or print)	 /argare		Loretta		Drenning	4. DATE OF DEATH	Dec. Mon	5 ,	Day		°°60
5.	SEX F	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI		Feb. 2, I87	9	9. AGE (In years last birthday) 81 yrs.	Months	1 YEAR Doys	Hours	R 24 HRS Min.
	. USUAL OCCUPATIO during most of worki	ing life, even if retired	one 10b.	Ownhome	OR INDU	Westernp		* *		izen o	F WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NA	AME					
1	Edward B	rady				Susan Dur	ee					
15.		IN U. S ARMED FOR		SOCIAL SECURITY NO		INFORMANT		Add	_	~		0.1
L	No			None	M	iss Aurelia	Dren	ning 50	5 ½ N .	Cer	itre	St.
Г	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), and (c)]	1		0 -			RVAL BE	
ı	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Was Caused by Controlling Mesonators									-60		
ı	4 30 1 DUE TO											
Н	Conditions, if an			arter	me-	a clusses				/	57	1-7
ш	gave rise to in cause (a), stating (\ Dule 70									p.*	
	lying couse lost.) (c			1 1 1 1 1							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 31											
CERTIFI	20g. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	ED (Enter nature at injury in Pa	art I or Por	i II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m.	Y Manth, Day, Yea	20d. I While at war	NJURY OCCURRED Not while at work		ACE OF INJURY (Hame, form, ictory, street, affice bldg, etc.)		or lawn)	(1	County)		(State)
	21. I certify the	at I attended the	deceas	ed from		19/2/16	120	3 196	thet I	last so	w the	decensed
	alive on 24				death	4 Tr	P	n the causes o				
	ACTUAL SIGNATURE	Elens,	5	Juni	*		DDRESS (S	freet, city or town,		6	0 %	TE SIGNED

206 Durrett Clav

22c. NAME OF CEMETERY OR CREMATORY

St. Harys Cemetery

Virginia Ave.

Cumberland, ...d.

22d. LOCATION (City, town, or county) (State) Cumberland, Ad.

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cumberland, Md.

J. P. J. S. Kraus

may be retained by the haspital or attending physicion.

TO FUNERAL DILACIOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2. The filed with the registror prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

TO HOSPITAL OR VS A15 (4) 1SM 9/55

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION. 226. DATE THEREOF BURIAL IREAD IREAD

23. FUNERAL DIRECTOR'S SIGNATURE
James F. Scarpelli



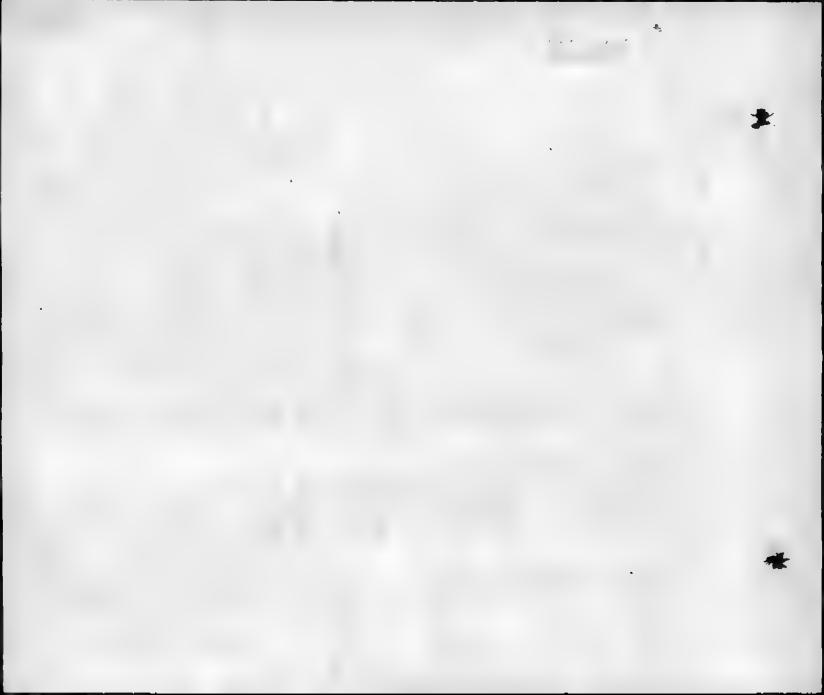
13233

				Reg. Dist. No.				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)						
allegany	MARYLAND	o state haryland b. county #llegany						
b. CITY OR TOWN (if outside corporate firmts, write RURAL	c. LENGTH OF STAY IN 16							
Cumber Land	60 yrs.	Cumb	erlan d					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
106 Elder St.		106	Elder St.	YES NO IX				
3. NAME OF First OCCEASED	Middle	Lasi	4. DATE MC	onth Doy Year				
(Type or print) John		rbin, Jr.	DEATH DE	ec. 3 1960				
5. SEX 6. COLOR OR RACE 7- MARRIE			9 AGE (In years lost buthday)					
Male White WIDOWED		Apr. 9,189	7 60 y	rs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work dane 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	TT. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
Machinist Helper Ra	ailroad	Gaithers	burg, Md.	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
John H. Durbin		Mary El	len Norris					
(Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. IN		Addr					
yes War I 70	05-05-4327	Mrs. John	H. Durbin,	Cumberland, idd.				
18. CAUSE OF DEATH [Enter only one cause per line for	or (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PART 1. DEATH WAS CAUSED BY: CONTROL OF THE TON							
HBA DUETO								
Canditions, if any, which (b)								
gove rise to immediate couse (o), stating the underlying DUE TO								
couse lost. (c)								
PART II, OTHER SIGNIFICANT CONDITIONS CO	HTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION (GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?				
3				YES NOX				
PRIMARY LI OF CONTRIBUTING LI	HOW INJURY OCCURRED. (Ex	Her nature of injury in Port	I or Port II of item 18.)					
		E OF INJURY (Home, form	20f. (City or town)	(County) (Stote)				
Hour o. m. While of wor	k ot work	ry, street, office bldg., etc.						
21. I certify that I took charge of the re	emains described abay	re, held an Autopsy	, Inspection [, Inquiry and find tha				
death resulted fram: Natural causes	, Accident 🔲, Suid	ide 🔲, Hamicide	, Undetermined	I cause .				
0 . 14 0	1 / .		_	_				
SIGNATURE SECRET SKITCHES M.D. CHIEF MEDICAL EXAMINER []								
		ASSISTANT MEDICA	AL EXAMINER					
RAMINER'S Benedict Skits	relicD.	DEPUTY MEDICAL E	EXAMINER OK Dec	3, 1960				
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tow					
Burial 12-6-1960	Hillcrest E	urial Park	Cumberla	nd, Md.				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'C	BY REGISTRAR 246. RE	GISTRAR'S SIGNATURE				
James F. Scarpelli. Co	umberland. M	d PATE DEC	6 '60 a	aloun & Haus				

VS. A15ME(5) 5M 9/55

ar remayof.

d



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

13322	CERTIFICA	TE OF DEATH		
1. PLACE OF DEATH 6. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Who o STATE	ere deceased lived. If institution: b. COUNTY	Residence before odmission
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	itside corporate limits, write RUR	Al. and give nearest town)
Westernport	65 Yrs	/ Westernpor	t	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
201 Smoot		201 Smoo	t	YES NO
3 NAME OF DECEASED (Type or print) Tda.	Magner Magner	Fazenbaker	4. DATE Month OF DEATH Dec.	9 19 60
5 SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female White widowi	ED 🔼 DIVORCED 🗌	Dec. 4,1872	lost birthdoy) No. 1	Aonths Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COUNTRY
House wife		Barton, M	d.	U.S.A.
13 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
) John Adam Wagner		Mary Magru	der	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
no		Ward. B. Fazen	baker-Westernpo	rt, Md.
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. (b) At	terio Scleros	is		5 Years
Part IF OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CHIEFER NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19 WAS ALTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c TIME OF INJURY Month, Doy, Yeor 20d. II Hour o. m. 19 While of wor	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		(County) (State
21 I certify that (I) (this haspital) attend				., 19 60 , that (I) (we) las
saw the deceased alive an	1960 , and that a	leath accurred at 32	M, fram the causes and	an the date stated above
220 S GNATURE Paul AM	iloon		D. STAFF	Dec. 10, 1960 SIGNE
Paul R, Wil	son M.D	111 Ashrie	USK. Predmo	int, WiVa
230 BUR AL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or	county) (Stote)
Burial 12/12/60	Philos		Westernport	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$	2So REC'L	BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE

Westernport, Md.

DATE DEC 1 2 '60

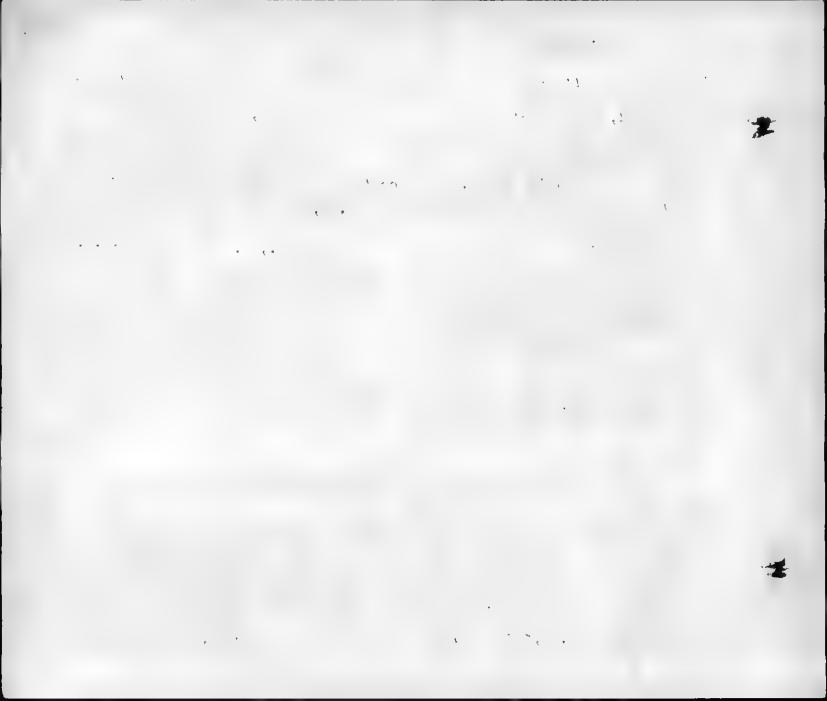
C Thur S. Knows

may be retained. The haspital ar attending physician.

TO FUNERAL DIRRACOR: After this certificate has been signed by the attending physician and completely filled in by the feneral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, ar remayal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

ATTENDING PHYSICIAN: The lam requires that the "muth certificate be assecuted within #4 haurs ofter death. Soge 4





director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIL TOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior is burial, cremation, or remayal, and in any emnt within 7 haurs after death.

VS A1S (4) 1SM 9/SB

1	3	3	1	1
				.10

CERTIFICATE OF DEATH

Reg. Dist. No.

10011				14 8. Dist. 110.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution and b. COUNTY	on Residence before admission) Allegany
b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) Firds tourg Life	time	00 =	utside carporate limits, write R	URAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 177 Park Avenue		d. STREET ADDRESS	Park Avenue	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF First DECEASED (Type or print) MARY	Middle ELLEN	FISHER	4. DATE Mon	Doy Year 11 19 60
5. SEX 6. COLOR OR RACE 7 MARRIED NEW WIDOWED I		. DATE OF BIRTH 3-26-1873	9. AGE (In years lost birthday) 87 yrs.	HOUNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF B during most of working life, even if retired) Housework Own Ho		Shaft	ar fareign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER S NAME		14. MOTHER'S MAIDEN N	AME	
George Plummer			renstein	
15 WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) None None		formant s. Elva Rob		Avenue,
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO DUE TO (c)	mli	ty		gars
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT P	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	INJURY OCCURRED	. (Enter nature of injury in P	art I ar Port II of item 1B.)	
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCC While Not wark of wark of wark of wark.	rhile fact	CE OF INJURY (Hame, form, ary, street, affice bldg., etc.	20f (City or town)	(County) (State)
21. I certify that I attended the deceased fram.	and that death	- //	M, fram the causes an	that I last saw the deceased and an the date stated above.
ACTUAL SIGNATURE WOOMS The	7.0 N	10.	ADDRESS (Street Gity or town,	state) DATE SIGNED
PHYSICIAN'S NAME (Type)	ne M.	0	m/ 7	1960
Burial 12-14-60 Fros	ne of CEMETERY OR	morial Park	22d LOCATION (City, town,	Md.
23 FUNERAL DIRECTOR'S SIGNATURE Hafer FOR	Meral Ho	me 24a. REC'E	BY REGISTRAR 246. REGI	STRAR'S SIGNATURE
Krulch H. Woulesout 23 E. Ma:	In Frost	burg. MithATE DE	C 1 0 '80 C	I Same



may be retained by the hospital ar attending physician.

TO FUNERAL D. CLOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should as detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 metric libe filed with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page 4

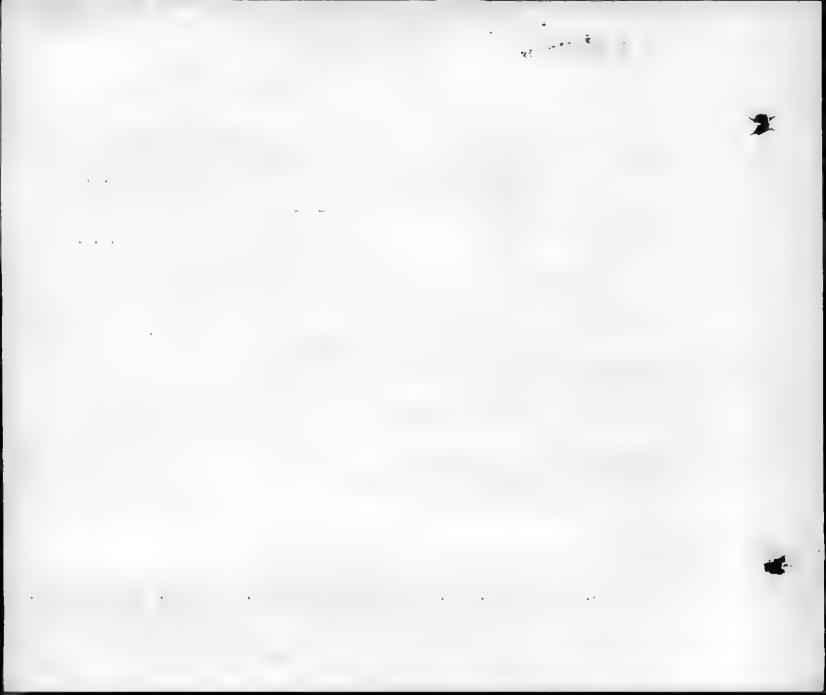
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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13237

	DIVIDIGIT 01	0,711.011.011.011.01		
3254		CERTIFICATE	OF DEA	41

	PLACE OF DEATH					2. USUAL RESK	PENCE (Wh	ere decessed l		an: Residence	before admission)
	a. COUNTY ATJEG	ANTY		MARY	LAND	d. SIAIE	MARY	LAND	b. COUNTY	ALLEGA	ANY
-	L CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside carpara	te limits, write R	URAL and giv	e neorest town)
	RURAL and give ne			# y 32	days	07	CUMB	ERLAND			
		AL (If not in haspital, g	ive street	address)		d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
		ED HEART					123	INDEPE	MDENCE S	STREET	YES NO TO
	NAME OF	fir	si	Middle		Las		4. DATE	Mon	th	Day Year
	(Type or print)	P	OBERT	т.		FLECKE	NSTET	OF DEATH	DECE	MBFR	23. 1960
-	S SEX	6. COLOR OR RACE	The state of the s	RED NEVER MARRI	ED X	B. DATE OF BIRTI		9	, AGE (In years lost birthday)	IF JNDER 1	YEAR IF UNDER 24 HRS
	MATE	WHITE	WIDOWE	DIVORCE	٥	12-3	17-95	6	1 65 yrs	Months D	ays Hours Min
ī	IQu. USUAL OCCUPATIO	N (Give kind of work	dane 10b	KIND OF BUSINESS C	R INDUS			or foreign cou	ntry)	12 CITIZE	N OF WHAT COUNTRY
	REPIRED	ing`life, even if retired; Clerk		per Store		N	IARYLA	ND		U.	S.A.
\\i	3 FATHER'S NAME	V1.04.1L	1 = 0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14. MOTHER'S	MAIDEN N	IAME			
1	JACOR	FLECKENST	ETN			Fran	ces K	lerber			
	S WAS DECEASED EVER	RIN U.S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO	17. IN	FORMANT			Add	ress	
	Yes. no. or unknown) [If yes give war or dates of s	18	37 01 7211		PT'S	HART				
F		TH [Enter only one co			1	-	71 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		•		INTERVAL BETWEEN
-1		TH WAS CAUSED BY:		Lulmonas	7 6	Ramed					ONSET AND DEATH
-1	111/13	IMMEDIATE CAUSE (o			7 0	<i>p</i>					
-1	Canditions, if or		(Incumor	ned	,					
	gave rise to in	n mediote (
	cause (a), stating I lying couse lost.	ne under-									
		J (c	,	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART I	I(b) 19. WAS AUTOPSY
	PART II OTH										PERFORMED?
	200 ACC DENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY O	CCURREC	Enter noture o	f injury in I	Port I ar Port	II of item 18.)		
71	OR CONTRIBUTING	CAUSE OF DEATH									
	T 20c TIME OF INJURY	Y Month, Day, Ye	or 20d II	NJURY OCCURRED	20e. PL/	ACE OF INJURY (Home, form	, 20f (City o	or town)	(Co	unity) (State
	Y 20c TIME OF INJURY	19	While	Not while	fac	tory, streat, office	e blog , etc.				
						11/2-1		60 .	17/22	20/00	2 1
		t (I) (this haspital	1) attend 1/2-3	1.		/	, 17	70	11/4		that (I) (we) las
	saw the deceas 22a 54GNATURE 1	ed alive an Z	7-0	19 , and	that d	eath accurred	94,44	M, from t	he'causes an	d on the	date stated above
	220 3/3/NATSRE	1/ 3	50.	Ov.		ATTENDIN	G MI	ED.	STAFF		SIONE
	22c. PHYSICIAN'S	The of	ily	J.		W.D PHYS 22d, ADDRI		RECTOR	PHYS		124 ac
	NAME (Type)	DO TEO II T	יטיקי דים	o m n		4	1.54	NT CEN	ייים יוים	CIMB!	ERLAND, MD.
-	23a BURIAL, CREMATIO			23c. NAME OF CEM	ETERY O	D CDEMATORY	<u> </u>		ON (City, fown,		(Stote)
1	REMOVAL (Specify)	, ,		St. Peter			- Crrs		erland,		(Si Gre)
, 7	Burial 24 FUNERAL DIRECTOR'S	12/27/196	0	ADDRESS	oc 12	rul deme	· · · ·	D BY REGISTR		STRAR'S SIGN	NATURE
*	Byron Ki				יים [ייי	id, Md.	DATE	le -			
¥ F	TOT OUT IV	-8110		Oumbe	1121	iu, Mu.	DATE	13' 8 S D	Ca	Thung of 9	Z
									400	may a 9	Trated



MARYLAND STATE DEPARTMENT OF HEALTH

13238

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO Z

(State)

225 DATE SIGNED

(State)

Days

U. S. A.

YES NO X

Year 19 60

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 13255 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss an) p. COUNTY MARYLAND b. COUNTY **ALLEGANY** MARYLAND ALLEGANY h CITY OR TOWN (If putside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) CUMBERLAND 90 DAYS Q CUMBERLAND d. NAME OF HOSPITAL MEMORITAL HOSPITALS d. STREET ADDRESS 24 MEMORIAL & WARWICK AVES. 215 NORTH LEE ST. NAME OF First Middle 4. DATE Manth EUNICE D. GAFF DEATH DE CEMBER (Type or print) B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR 1F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Months DIVORCED | FEMALE WHITE WIDOWED | 40 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? pape haurs during most of working life, even if retired) MC KEESPORT, PENNSYLVANIA B. & O. RWV. Clerk pau 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME within CLINTON R. Muse Emma' SOUTHERN remave IS WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address CUMBERLAND. MARYLAND MEMORIAL HOSPITAL 85-14-3960 No please 18. CAUSE OF DEATH [Enter only one couse per_time for (o), (b), and (c).], area e 7 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ons, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART #20THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm | 20f. (City or town) Day, Year foctory, street, office bldg., etc.)

Hour o. m.

226 SIGNATURE

22a-PHYSICIAN

23a BURIAL CREMATION.

Burial

NAME CHARD

24, FUNERAL DIRECTOR'S SIGNATURE

Charles L. George

saw the deceased alive an.

VR A15 (4) 15M 9/59

VERAL DIN 3 shauld b

executed within 24 haurs after death

0

ā

pup

physician

Cea

23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cemetery

122 SOUTH CENTRE STREET, CUMBERLAND. 23d LOCATION (City, town, or county) McKeesport, Penna.

25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR

, and that death accurred at 9:30%. AroMathe causes and an the date stated above

DIRECTOR

Not while

While

21 I certify that (1) (this haspital) attended the deceased fram...

J. WILLIAMS

23b DATE THEREOF

12/8/60

of work at work

Cumberland, Md.

ATTENDING PHYS

22d, ADDRESS

Circling & House

(County)



MARYLAND

c. LENGTH OF STAY IN 16

vears

Middle

DIVORCED

6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO B. DATE OF SIRTH

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

B.& O. Railroad

WIDOWED [7]

e. IS RESIDENCE ON A FARM?

YES | NO F

Year

Min.

60 19

Allegany

Day

Doys

TISA

Months

IF UNDER TYEAR! IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

DEATH December 4

9. AGE (In years

est birthday)

69 vn.

Marvland

d. STREET ADDRESS

GAIDITZ

Cumberland

6 West View Terrace

DATE

Garrett. Pennsylvania

b. COUNTY

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EX	÷	un El	- C
AL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe	3	3	XECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar
õ	ote	0	Ü
ED	ij.	1	~
×	e the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	worded with Chief Medical Examiner	
7	Ü	ed	\$
2	the	ord	7
W	(1)	3	5

PLACE OF DEATH

and nive nearest towns

Allecany

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

EART

b. CITY OR TOWN (If outside corporale limit), write EURAL

Railway Conductor

Cumberland

West View Terrace

White

a. COUNTY

NAME OF

S. SEX

(Type or print)

Male

For 0 VS. A15ME(5) 5M 9/55

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi Gaunta Caroline Hockman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 6 West Adrew Terrace ilf yes, give war or dates of service) ldra Gauntz, Cumberland, Maryland 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **CORONARY** OCCLUSTON SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSTS Canditions, if ony, which ! _____ gove rise to immediate cause DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161/19. WAS AUTOPSY PERFORMED? YES 🗍 NO K 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. CERTIFF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc. Hour o.m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on ANDON II. Inspection XI, Inquiry XI, and find that death resulted from: Natural causes KX Accident , Suicide , Homicide , Undetermined couse **9**5. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) December 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Cumberland, Maryland Rose Hill Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 11: DATE DEC 1 2 60 C'almy & Krone John J. Hafer, Cumberland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

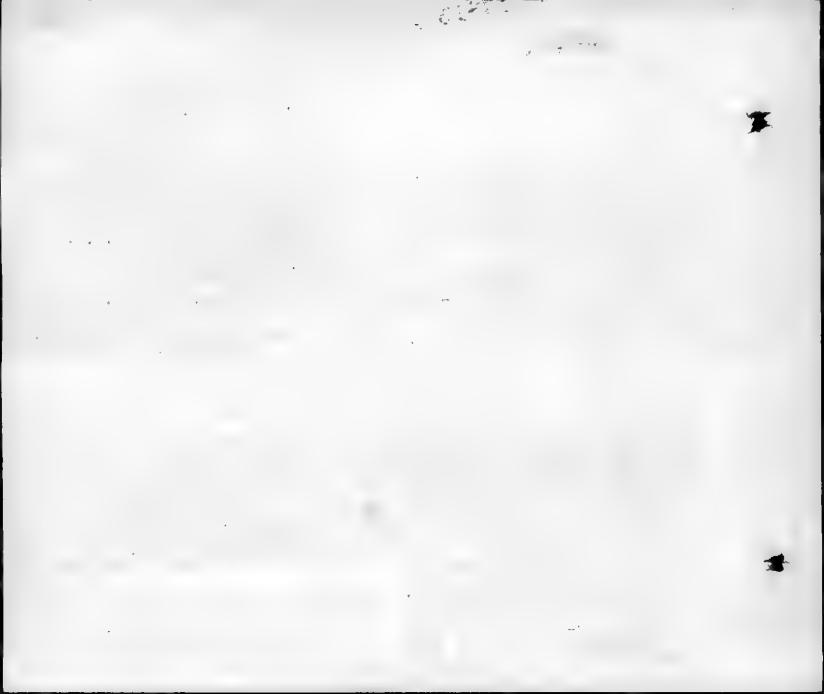
CEDTIEICATE OF DEATH

	LO	346	AIII						
and the same	T. PLACE OF DEATH a. COUNTY ALL	EGANY	MARYLAND	a STATE	NCE (Where decease ARYLAND	d lived. If institution b. COUNTY	ALLEG		
	b. CITY OR TOWN (If outside RURAL and alive negres) for FROSTBUR	corporate limits, write in) G	c. LENGTH OF STAY IN 16		WN (If aulside carpo ROS TBURG	orate limits, write RU • RT • 2	IRAL and give nea	erest tawn)	
	d NAME OF HOSPITAL (IF no		oddress)	d STREET ADD				e IS RESIDENCE ON A FARM? YES NO K	
	3. NAME OF DECEASED (Type or print)	OBERT	$^{ ext{ iny Middle}}$ R .	GRACIE	4. DATE OF DEATH	220	18	, 1960	
	MALE WH	ITE WIDOWI		OCT. 2		last birthday) 75 yrs.	Months Days	Haurs Min	
(TONTRACTOR, CA	kind of work done 10b	SELF-EMPLOY	ED MA	ARYLAND	country)	U.S	· A ·	
	JOHN GRAC	TE		14. MOTHER'S M	AIDEN NAME ZABETH P	ENGTLLY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ves. 10. or unknown) (If yes, give wor or date of service 114-16-2055 RICHARD GRACIE, FROSTBURG, 1									
	Candilians, if any, whi gave rise to immedia cause (a), stating the under lying cause last	DUE TO (b) DUE TO (c)	Myocas	dial	may	feriors	2 6	LET AND DEATH	
	PART II. OTHER SIGN TO PART II. OTHER SIGN OF CONTRIBUTING II CAU OF CONTRIBUTING III CAU OF CONTRIBUTING III CAU OF CONTRIBUTING III CAU OF CONTRIBUTING III CAU	RLYING 206. DES	CRIBE HOW INJURY OCCUR				EN IN PART I(O)	PERFORMED?	
	(IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY Mont Hour a. m. p. m.	L EXAMINER)	Not while	PLACE OF INJURY (Ha factory, stree), affice b	ime, form, 20f (Cil	y ar lown)	(Caunly)	(State	
	21 I certify that (1) (1) sow the deceased of	4	led the deceased from		19/0, to	~ / /	, 1 % , th d on the date		
	220 S GNATURE	ome/	ane_	M.D PHYS	DIRECTOR L	STAFF PHYS	Dec/9	226 DATE SIGNE	
	22c. PHYSICIAN'S NAME (Type)	. O. McLA	NE, M. D.	22d. ADDRES		T., FRO	TBURG,	MD.	
	BURIAL 12	-21-1960	230 NAME OF CEMETERY ECICIART	CEMETER!	Y E	CKHART,	MD.	(State)	
1	24 FUNERAL DIRECTOR'S SIGNA	TURE	FROSTBURG,	3.00	SATE DEC 2 3		TRAR'S SIGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The ow requires that the death certificate be executed within 24 hours ofter death. Poge 4 merol director, d be filed with may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the bur al-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remayal, and in any egent, when 72 hours after death.

VR A15 (4) 15M 9/59



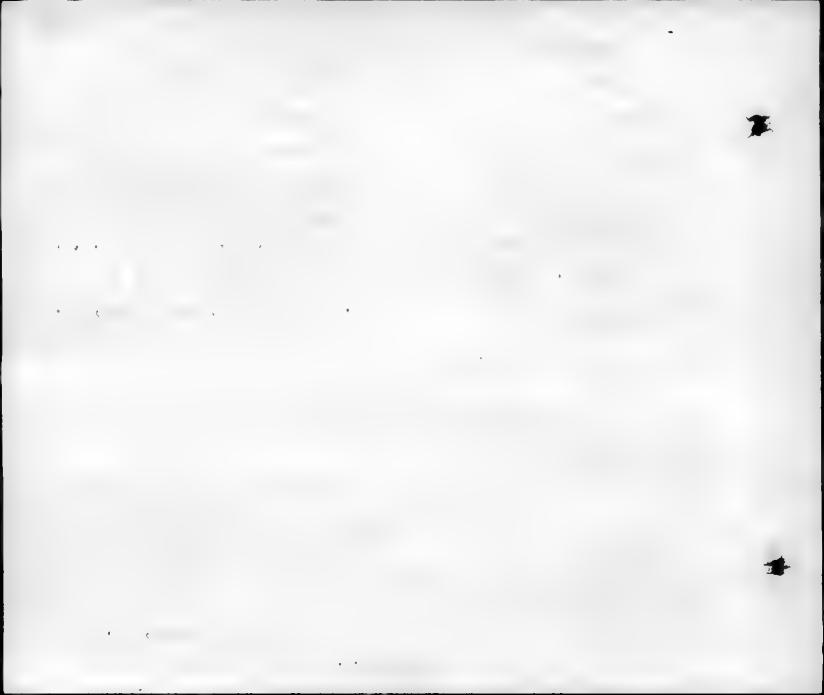
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

1	3	2	4	1

		1 2 2 9 1	CERTITION	E OI DEATH							
1	1, F	PLACE OF DEATH			here deceased lived. If institution: Reside	ence before admission)					
)	٥	Allegany	MARYLAND	o. STATE Maryland	b COUNTY A7	legany					
	Ŀ	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15								
		RURAL and give nearest lown)		X							
		LONACONING NAME OF HOSPITAL (If not in hospital, give street or	delance	d. STREET ADDRESS	ing	e IS RESIDENCE					
	<u>'</u>	OR INSTITUTION	ootess)	d. SIREET ADDRESS		ON A FARM?					
	L.			Watercli	ffe Street	YES NO					
		NAME OF First	Middle	Lasi	4. DATE Month	Day Year					
		(Type or print) CHARLES		HACKER	OF DEATH 12/23/196	50 9					
	5 S		DE NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF JNDE	R TYEAR FUNDER 24 HRS.					
	T.	Male White WIDOWED		0/25/1002	lost birthdoy) Months	Doys Hours Min					
		JSUAL OCCUPATION (Give kind of work done 10b. K		TRY 11 RIPTHPLACE (Stoke		TIZEN OF WHAT COUNTRY?					
	100	during most of working life, even if retired)	THE OF BUSINESS OF THEOS								
	L.	Retired Carpenter		Rawling		U.S.A.					
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
		Henry F. Hacker		Martha	McKenzie						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address										
	[749	(If yes, give wor or dates of service)	M	rs. Clara	Hacker, Lonaconi	ine MD					
3	H	18. CAUSE OF DEATH Enter only one couse per line		J. O. H.	WIFE)	INTERVAL SETWEEN					
		PART I, DEATH WAS CAUSED BY: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WTLE)	ONSET AND DEATH							
		IMMEDIATE CAUSE (0) V	locardial.	achemin	<u>^\</u>	of weeky					
		DUE TO	1 - 0 +	. 4	Λ \ '						
		Conditions, if ony, which) (b)	erioscleso	cc Cardin	vascular diseas	l years					
		gave rise to immediate DUE TO				0					
		lying couse lost.									
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19 WAS AUTOPSY					
	CERTIFICATION					PERFORMED?					
	IFIC	20g ACCIDENT WAS UNDERLYING TI 206, DESCI	RIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of item 18)	74					
	ERT	200 ACCIDENT WAS UNDERLYING 206. DESCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(=							
			THOS OCCUPATION 20° BLA	CE OF INJURY (Home, for	206 (City or town)	(County) (Stote)					
	MEDICAL	Hour o. m. While		ory, street, office bldg., et		(County) (Store)					
	ME										
		21 1 certify that (I) (this hospital) attende	ed the deceased from	uoust 19	56, 10 Dec. 23, 19	6 9 that (1) (we) last					
					M, from the causes and on the						
		220 SIGNATURE	and the same and the same	0.000	1111 11 0111 1110 00000 0110 011 11	22b DATE					
		Expanie &		A D PHYS.	AED STAFF DIRECTOR PHYS	12-27.6					
		22c PHYSICIAN'S		22d. ADDRESS	THIS L	22/6					
		NAME (Type) D D D	0 10 5	LONACO	7 - 4 27012012						
		L.M. MILES O	14- MID,	LONACI	PIVING MU.						
26	23a	BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City, town, or county	(State)					
N. E		Burial 12/26/1960	Oak Hill C	emetery	Lonaconing. N	1D.					
3	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE					
13		GEORGE EICHHORN	LONACONING.	MD DATE	662860	6 / -					
-					Train a file	- Thurs					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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3257	,	CERTIFICATE OF

		4) (-1) 1									
	1. PLACE OF DEATH O. COUNTY ALLEGAN	Y	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If in b COI	nstitution: Residence b	efare admission)				
/		(If outside corporate limits, write	3 DAYS								
0		TALEPOHOSPTTALE OF AV		d. STREET ADDRESS RT # 5			e IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print)	First DAVI	D R.	HAMILTON Lost	4. DATE OF DEATH	Month ECEMBER	Doy Year 19 60				
	S. SEX MALE	1.0.0.75	RRIED NEVER MARRIED D	AUGUST 1,	1904 9. AGE (In last birth	years IF UNDER 1 YE	EAR IF JNDER 24 HRS. ys Hours Min				
~	Lallom	TON (Give kind of work dane 10 prking life even if retired)	CO COLUMN	MARYLAI	VD OV	U.S.	OF WHAT COUNTRY?				
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
,	WILL	IAM A. HAMILTON		AMANDA F	RANDALL						
	IS WAS DECEASED EV	/ER IN U. S. ARMED FORCES? [1. [If yes, give wor or dates of service]		INFORMANT MEMORIAL HOSP	ITAL , CUMBE	Address RLAND, MD					
		EATH [Enter only one cause per	line for (a), (b), and (c).)	- 1 - 1-	1	1	NTERVAL BETWEEN				
	PART I. DE	EATH WAS CAUSED BY	alte buyou	ed deal /ac	(Ma)		15 instinct				
	4-2	DUE TO	1, .	3/1/	0 1		A / -				
	Conditions, if	ony, which) (b)	Viciola del	21 - Kifan too, lies to 5 day							
	gove rise to cause (a), status	immediate (21/25							
	lying cause lost		Orculding 4	with bullysion							
	PART II. O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO									
	OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in	Port t or Port II of item 1	8.)	7-1-				
	Hour a. fn	Whi	le Not while f	PLACE OF INJURY (Home, farr actory, street office bidg. et		_(Cour	oly) (Store)				
			ork at work		1261 10	111 61	7).				
		nat (1) (this haspital) atte	nded the deceased fram	19 19	OP M		∕that (I) (we) last				
	saw the decei	ased alive an /	219 D , and that	death accurred at	Mr. from the cause	es and an the de	ate stated above				
	106	iller sich	del lie	M D PHYS D	IED. STAFF]	SIGNED				
ľ	22c PHYSIC AN'S NAME (Type)		N	22d. ADDRESS	COCCUE OT	CHARCHAN	2.40				
			114	59 0	GREENE ST.	COMPERTANT	J.MU.				
	230 BURIAL, CREMATER OF A CONTROL OF A CONTR	DN. 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	Meslern	town or county))114				
	24 EUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 258 EC 1 2 60	REGISTRAR'S SIGNA					

neral director, d be fired with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 state Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

may be retained TO FUNERAL DIR VR A1S (4) 1SM 9/59



Ciriling & France

Reg. Dist. No.

* cs		TOOTO	Reg. Dist.	No.
	7	PLACE OF DEATH 3. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	before admission)
ê ji (141)	∦ '	Allegany	Marvland b. COUNTY Alleg	anv
be f	1	b. CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest lawn)		
Plane	1	Frostburg	Frostburg	
至		d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
27.5	1	Winers Hospital	129 Pine Street	YES NO
.E &	3. 1	NAME OF First Middle	Last 4. DATE Manth	Day Year
es 1		OPECEASED (Type or print) JOHN S.	HARTTG DEATH 12	31 19 60
≥ 50 ≥ 50	5. 9		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
		M WIDOWED DIVORCED	4-1-1900 lost birthday) Manths Do	ays Haurs Min.
E ONE	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC		N OF WHAT COUNTRY?
D 0 0	Ct	during most of working life, even if retired) Lty Engineer Consolidated	Fuel Co. Frostburg. Md.	U.S.A.
rbo	-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
s of		Phillip Hartig	Elizabeth Strubie	
ahys mov hour	1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO	INFORMANT Address Pros	tburg, Md.
72	["	11 /11 /12 /12 /12 /13 /14 /14 /14 /14 /14 /14 /14 /14 /14 /14		St.
eose thin		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
40 63		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	netastatic tumor	ONSET AND DEATH
the The		DUE TO		
ابّ الله		Canditions, if any, which) (b) Careinone	- of bronchus.	Unkann
Per E		gave rise to immediate DUETO		
sit p		lying cause last.		
sicion ron II, o	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
phy ios t iol-i	CATIO	more.		YES NO
but he h	RTIFI	20g. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in Part I ar Part II of item 18.)	
fico the	CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
for of for	S CA		PLACE OF INJURY (Hame, farm, 20f (City or tawn) (Coufactary, street, affice bldg., etc.)	inty) (State)
his on o	MEDI	P. m. 19 While Nat while at wark at wark	therapy area, arree stage, day	
spit for the t		21. I certify that I attended the deceased fram Dec	16, 1960, to Dec 31, 1960, that I last	saw the deceased
: Af			ith accurred atM, fram the causes and an the a	
de d	١,		ADDRESS (Street, city ar tawn, state)	DATE SIGNED
10 U S		ACTUAL Clevin f. Walter	MD. 48 Broadway	
rio big		minuscripton Al . Vi fel file se		
Show strong		PHYSICIAN'S NAME (Type) Flvin J. Walters 14,	U. Frost burg, 14d.	
NE 3	220	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, tawn, or county)	(State)
Pog the the		Burial 1-3-61 Frostburg	Mamorial Park Fronthum	76.7
F 1/1.	23	FUNERAL DIRECTOR'S SIGNATURE Hafer Fameral Ho	ome 24a. REC'D BY REGISTRAR'S SIGN	ATURE MO.
S A15 (4) 31.1 SM 9/58	122		burg Md DATE JAN 5 '61 Circling 9	



Middle

M.

	1295
ACE OF DEATH	A. 45 16 119
COUNTY	433-

Allegany

MARYLAND

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

legany

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

c. LENGTH OF STAY IN 16

c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) Cumberland

e. IS RESIDENCE ON A FARM? YES NO K

d. NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION

Allegany County Infirmary

Hewitt

d STREET ADDRESS

DEATH December

NAME OF DECEASED (Type or print) 5. SEX

1. P

filed

era

5

.⊆

filled

COMP popers

Pages

Zebulon

6. COLOR OR RACE 7 MARRIED NEVER MARRIED

B DATE OF BIRTH

9. AGE (In years last birthday) Months

52h Cumberland Street

b. COUNTY

IF UNDER 1 YEAR IF UNDER 24 HRS Hours

19 60

Male

DIVORCED [WIDOWED [7]

10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Days 12. CITIZEN OF WHAT COUNTRY?

Retired: Auditor 13. FATHER'S NAME

Zebulon M. Hewitt

(b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO

1B. CAUSE OF DEATH [Enter anly one cause per line for (a) (b) and (c).

14 MOTHER'S MAIDEN NAME Isabell O'Connel

New York. New York

U. S. A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dales of service

during mast af working life, even if retired)

17 INFORMANT P.O.BOX 599

Address Cumberland. Md.

Allegany County Infirmary Records

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause rast

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

PERFORMED? YES NO I

ONSEL AND DEATH

20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED Day, Year While Not while

2/60 19

20e PLACE OF INJURY (Hame, farm, 20f. (City or lown) factory, street, office bldg., etc.)

(County)

160

LOCATION (City, lown, or county)

M, fram the causes and an the date stated above

(State)

SIGNED

21. 1 certify that (1) (this haspital) attended the deceased fram saw the degeased alive an 12

at work at work

McLean

and that death accorded at

., 19____, that (I) (we) last

(Stote)

220 SIGNATURE 22c BHYSICTAN'S

20c TIME OF INJURY

Hour a.m.

p. m.

ATTENDING PHYS. M.D. 22d. ADDRESS

STAFF PHYS /60 Greene St., Cumberland, Md.

BURIAL, CREMATION, REMOVAL (Specify)

NAME (Type)

DATE THEREOF

James E.

NAME OF CEMETERY OR CREMATORY

25o, REC'D BY REGISTRAR

MED DIRECTOR X

25h REGISTRAR'S SIGNATURE

Corney of Trans

24 FUNERAL DIRECTOR'S SIGNATUR

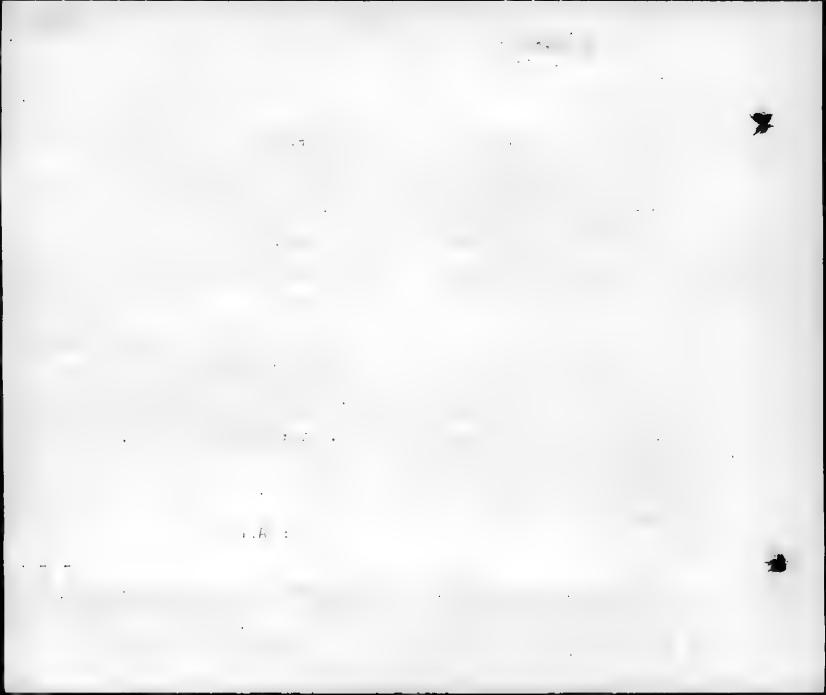
FUNERAL DIF shauld (2) 0

; ` ` ¿ . ¢ .

VR A15 (4) 1SM 9/59

13259

										
PLACE OF DEATH			MARYLA	- 11 -	STATE MAR	Vhere deceased YLAND	l lived If institution b. COUNTY	-	before ad EGAN	
b. CITY OR TOWN (IF	outside carporate limi	its, write c	LENGTH OF STAY IN 30 DAYS	1 1b	CITY OR TOWN (IF		CUMBERL		re nearest	town)
d. NAME OF HOSPITA OR INSTITUTION SACRED	AL (If not in haspital, g HEART HOSI		dress)		d. STREET ADDRESS R.R.D. #1 e 15 RES ON A YES					
3. NAME OF DECEASED (Type or print)	Fii GEOI	RG I A	Middle 8		Last HOOK	4. DATE OF DEATH	Mani DECEMB		Day 21	Year 1960
s. sex FEMALE	6. COLOR OR RACE		NEVER MARRIED		SEPT. 11.1	880		IF UNDER 1		NDER 24 HRS
10a USUAL OCCUPATION during most of work HOUS	N (Give kind of work- ing life, even if retired			INDUSTRY	11 BIRTHPLACE (Stor	e or foreign co		12 CITIZE	nor wh	S.
13. FATHER'S NAME	C HYMES	(DECEA	SED)	14	Freelo	re E	Beunë	tt		
15. WAS DECEASED EVER	RIN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO.	17, INFOR	MANT LENTS CHAR	Т	Addr	ress		
Conditions, if or gave rise to in cause (a), stating lying couse last.	ny, which (but in the under-	Conge	stive Hear ral vascul tensive &	ar ac	cident, le	c Heart	Disease		18 h	avs
Patien Patien OR CONTRIBUTING (IF EITHER, NOTIFY)	t had myoc	ardial	infarction	_ n_in_	Oct1960:	atrila	fibrilla		PE	RFORMED?
ZOC TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	or 20d. INJE While at work [Not while		OF INJURY (Home, fo street, office bldg., a		or town)	(Co	unty)	(Stote)
21 I certify that saw the decease 220. SIGNATURE 22c PHYSICIAN'S NAME (Type)	AND F. DOE	ember-		M D.	ATTENDING PHYS 27d. ADDRESS ALGONQUIN	MED DIRECTOR D	STAFF PHYS. CUMBERL	d an the	date sta 1 IRYLAI	ated abave. 22b DATE SIGNED 2-21-60
23a. BUR AL, CREMATIO REMOVAL (Spec for Survival) 24 FUNERAL DIRECTOR:	12/24	160	Hawiew ADDRESS	Chris	lien Com	. 23d LOCAT	Temas	or county) STRAR'S SIGN	Pa	(State)

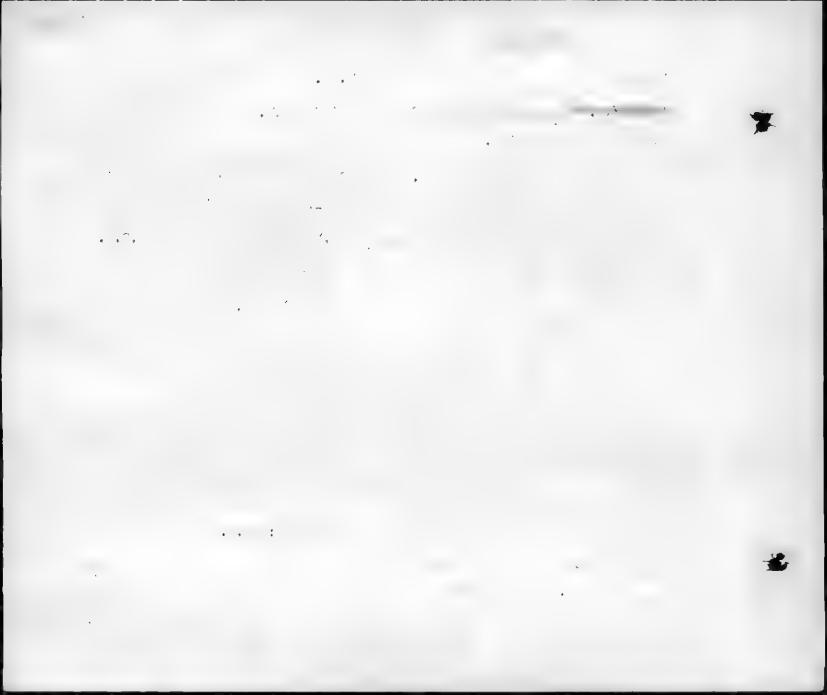


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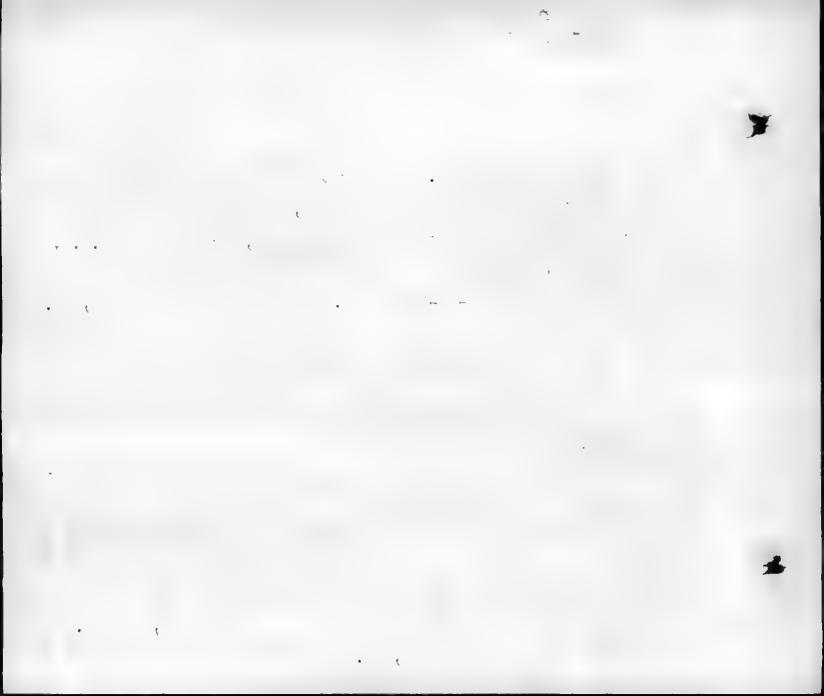
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3260 CERTIFICATE OF DEATH

_			2 10 11 C									
1.	PLACE OF DEATH a. COUNTY ALLEGAN	Υ		MARYLA	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MINERAL						
	b. CITY OR TOWN (RURAL ond give n		limits, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	R TORRES		nterlas	ed 20 DAYS		RIDGELEY, W. VA						
	d. NATION OF TA	L & WARWI	IQL give street of	ddress)		d STREET ADDRESS		×	5 X	e IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print)	A	First MANDA	Middle E .	HOU	DERSHE LOT	4. DATE OF DEATH DEC	Month EMBER		Day Year 3 160		
5.	SEX	6. COLOR OR RA	ACE 7. MARRIE	ED NEVER MARRIED	В	DATE OF BIRTH	9. AG			AR IF UNDER 24 HRS		
FEMALE WHITE WIDOWED DIVORCED 2-4-1886 74								birthdoy) /	Months Day	ys Hours Min.		
100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) 4 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUN WORLD												
13	FATHER'S NAME	0				14. MOTHER'S MAIDEN N						
L		LIAM LEWI				MARY COF	FMAN					
		R IN U. S. ARMED (II yes, give wor or date		y one		formant EMORIAL HOSPI	ITAL, CUM	Addres BERLAN				
			/	e far (a), (b), and (c)]		()				NTERVAL BETWEEN		
	PART I. DEA	TH WAS CAUSED IMMEDIATE CAU	BY: SE (a)	PILCE	J . L	in the	h			2 di		
	1720	2 00	HSTO:	13						1		
	Conditions, if o		(b)	INM.a.								
	gave rise to i cause (a), stating lying cause last.		(c)	Titles!	1 6	to che. l	l'in l	16.1	4			
CATION	PART II OTI	HER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART 1	PERFORMED? YES NO		
CERTIFI	20a, ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	🖯 🔲 CAUSE OF DE	ATH	RIBETHOW INJURY OCC	CURRED	. (Enter nature of injury in F	Port I or Port II of i	iem 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m.	RY Month, Day,	Year 20d. IN While of work	Not while		CE OF INJURY (Home, farm ory, street, office bldg., etc.		n)	(Cour	nty) (State)		
			" ከ	ed the deceased f		eath occurred at 10:	A			that (I) (we) last		
L	saw the decea	sed drive dn/_		17.9% / and 1	nat ae	earn occurred at 129	Myrrom me c	auses and	an the a	22b. DATE		
										12 4/SIGNED		
	22c. PHYSICIAN'S	1- 1- 6-00				22d ADDRESS		~~	,			
	NAME (Type)	DR. H	HIMMELWR	IGHT		153 Va	ley 4	decele	dul	110		
23	BURIAL, CREMATIC REMOVAL (Spec fx	ON, 23b. DATE TH	6/60	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCATION (Cilal	couply	W. Va		
24	FUNERAL DIRECTOR	S SIGNATURE	lalin	ADDRESS CALLED	Os.	250 REC'I	BY REGISTRAR	25b REGIST	RAR 9 9 GN	ATURE		



VR A15 (4) 1SM 9/59

3.	PLACE OF DEATH	egany		MARY		2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. STATE Maryland Allegany							108)
	b. CITY OR TOWN (RURAL and give o	If outside carparate lim	its, write	c. LENGTH OF STAY	IN 16								•)
		TAL (If not in hospital, s	give street	address)		d. STREET ADD		-414					PARM?
3.	NAME OF DECEASED (Type or print)	Robert	rsi	Middle V		Hunt		4. DATE OF DEATH	-	embe	Do	y 5	9 60
	sex Male	6. COLOR OR RACE		NEVER MARRIE		ATE OF BIRTH	7.00	4.00	9 AGE (In year lost birthday	Months	R 1 YEAR Doys	IF UNDE Hours	R 24 HRS Min.
.	USUAL OCCUPATE	White ON (Give kind of work	done 10b.	GL		uly 10			73 yr		iizen oi) WHAT C	OUNTRY?
Na	Retir	ed Miner		oal Mine	11	Fros	tbu	og, M	larylan	d	U.	S.A	•
[]		John W. H	lunt						en Day	ton			
15		ER IN U. S. ARMED FOI		SOCIAL SECURITY NO	17 INFO					ddress	-		
17	es, no, or unknown)	off yes, give wor or dates of	service) 2	14-01-380	00 M	rs.Cha			ters	Midl	Land	, M	d.
		ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	"Dau,	gnte	arii,				ERVAL BE	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o Uc	ute con	ono	y oc	<u>Oli</u>	410	<u> </u>		m	in	ites_
	1 260	DUE TO	· 0 -	<u>-</u> , ~	4 0	100	*	Λ	[*			
	Canditions, if a		مغد	leurscle	ohe	Gudi	THE	seulo	u des	all	- 14	00	10
	couse (a), stating the <u>under-</u> lying couse lost. (c)												
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES TO NO NO										RMED		
CERTIFICATION	200 ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE OW INJURY O	CCURRED (njury in P	Part 1 or Par	t II of item 18.)				130
MEDICAL (RY Month, Doy, Ye	or 20d. II While	NJURY OCCURRED Not while		OF INJURY (Ho y, street, office b			or town)		(County)		(State)
~		at (I) (this haspita			fram	V. V. 1	10	56 10	Dec. 9	100	th.	at (1) (wal last
		sed alive an Q	1	4 1960, and		h accurred			the causes			, , ,	
1	220 SIGNATURE) '	T	<u> </u>			,						b. DATE SIGNED
	3	mle	1 TY	NO)	M.D			RECTOR [STAFF PHYS			12.	6,60
	22c PHYSICIAN'S NAME (Type)	MILES	JR.	M.b.		LON,		NINI	G 14	1),			
23		ON, 236, DATE THERE		23c NAME OF CEM	ETERY OR C	REMATORY			TION (City, towi			(Stai	e)
	图they flatecify	12/8/	DU	Memoria	al Pa	rk		Fr	ostbur			ld.	
24	George	es signature Eichhorn	L	ADDRESS onaconing	. Md	, -	SO REC'IL	BY REGIST		GISTRAR'S S			
	447				27	T U	AIL		~	100) Chrode	4.	



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12969 CEDTIFICATE OF DEATH

	70707		CERTITIO	TIE OI D							
PLACE OF DEATH	1			2. USUAL RESI	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)						
	EGANY		MARYLAND	O. STATE PE	INNSYL	VANTA	b. COUNTY		1	1	
6 CITY OR TOW	N (If outside corporate lime neorest town)	erts, write c. LEN	IGTH OF STAY IN 16			utside corporote li	mils, write RURA	L ond give ne	arest lown)	
	BERLAND		HR.25 MIN	BE	DFORD						
d. NAME OF HO OR INSTITUTION	SPITMEMORTALLIO H RIAL & WARWI	OSPTTALES	,	d. STREET A	DDRESS		75	x-3	e IS RESI ON A YES [FARM?	
NAME OF DECEASED		rst IONR OE	Middle F.	KE IS.		4. DATE OF DEATH	Month	De	· (,	960	
(Type or print)		-		B. DATE OF BIRY			DECEMBER	JNDER 1 YEAR			
MALE	WHITE	WIDOWED [DIVORCED	MARCH	3, 190	0 6	o yes	onths Doys	Hours	Min	
Oa USJAL OCCUP. during most of	ATION (Give kind of work working life, even if retired	done 10b KIND O	F BUSINESS OR IND	USTRY 11, BIRTHP	LACE (Stote of	or foreign country)	12 CITIZEN O	FWHATC	DUNTRY	
Electrical	linspector	Under	writers	- 1	ISBURG	-		U.S./			
3. FATHER'S NAME	CHADLES 5	VELOTED		14 MOTHER'S							
	CHARLES E.	VE 121EK			RY E.	REITENBA	UGH				
(Yes no, or unknown)	EVER IN U. S ARMED FOI Iff yes, give wor or dates of	service)		INFORMANT			Address				
Yes	WW_1	212 1	8 1125	MEMORIL	AL HOS	PITAL C	UMBERLAI	ND MD			
PART	DEATH [Enter only one of DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c	0)) / Cotze 3)	atic 6	nils. Es	g mane of a	1 Thy	rich on	ERVAL BET	DEATH	
	immediate DUE TO	c)	1								
PART II	OTHER SIGNIFICANT CON	NDIT ONS CONTRIB	BUTING TO DEATH BE	JT NOT RELATED TO	THE TERMI	NAL DISEASE CON	NDITION GIVEN	IN PART 1(a)	PERFO	RMED?	
200 ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	206 DESCRIBE H	OW INJURY OCCUR	RED (Enter nature o	of injury in P	art I or Port II of	item 1B)				
20c TIME OF IN Hour o.	m. 10	While N	OCCURRED 20e. (at while work	PLACE OF INJURY (factory, street, affic	Home, form, e bldg., etc.	20f (City or to	wn)	(County)		(State	
1	thot (I) (this hospital		e deceased from			My from the	causes and c	19 <u>은</u> 의, 11	aat (1) (v e stotea	ve) la: obove	
220 SIGNATUR	E L'ALLE	1.14.14	A	M.D PHYS.	G _ ME	D \$T	AFF		226	DATE SIGNE	
22c PHYSICIAN NAME (Typ		HIMMELW	RIGHT	133		IA AVE.,	CUMBER	LAND, I	D.	/2	
230. BURIAL, CREMA REMOVAL (Spe- Burial	Dec. 17.1	960 Fr	NAME OF CEMETERY		rk	23d LOCATION Fro	stburg,	Md.	(State)	
24, FUNERAL DIRECT			DORESS		250. REC'1	BY REGISTRAR	256 REGISTRA				
Byron	Kight C	umberland	d. Md.		DATEDE	2 0 '60	- Pre-	1 S. Fra	cd		

requires that the death certificate be executed with n 24 haurs after death. Page 4 g physician and campletely filled remove carbon papers. Pages 1 event, within 72 hours after death offending Then please any LIOR: After this certificate has been signed by the other deflaces of deflaces for use as the burial-transit permit. Then per delacted for use as the burial-transit permit. Then per of Health prior to burial, cremotion, ar remayal, and in ATTENDING PHYSICIAN: The law TO FUNERAL DIR CTOR: After the page 3 should be detached far the State Board of Health prior TO HOSPITAL OR VR A15 (4) 15M 9/59

il director, filed with

Aneral

24

and A 2,



22c. NAME OF CEMETERY OR CREMATE

ADDRESS

Cumberland. Md.

Peter & Pau

NAME (Type) BENEDICT SKITARELIC. M. D.

12/16/60

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Wayne George

23. FUNERAL DIRECTOR'S SIGNATURE

Buria

IS RESIDENCE

ON A FARM?

1960

YES NO IX

Yeor

Rea. Dist. No.

Allegany

13,

Hours

12. CITIZEN OF WHAT COUNTRY?

THER'S MAIDEN NAME	
Josephine (Unknown)	
	to. 15, Md.
i. J. Kelly Jr. 3637 W.	Belvidere S
CCLUSION	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
Y SCLEROSIS	Stand Start Start savel
TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO [X]
e of Injury in Part I or Part II af item 18.)	
JURY (Home, farm, 20f. (City or town) (Coun, office bldg., etc.)	ly) (State)
d an Autapsy 🔲, Inspectian 📝, Inquiry , Hamicide 🔲, Undetermined cause 🔲.	X, and find that
HIEF MEDICAL EXAMINER	DATE SIGNED
SSISTANT MEDICAL EXAMINER 🗍 EPUTY MEDICAL EXAMINER 🔯 DE CEMBER 1	3.1960
DRY 22d LOCATION (City, town, or county)	(State)
112s Cumberland, Mar	yland
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE
DATE DEC 1 6 '60 C 1 m 8	There's

VS. A15ME(S) SM 9/55

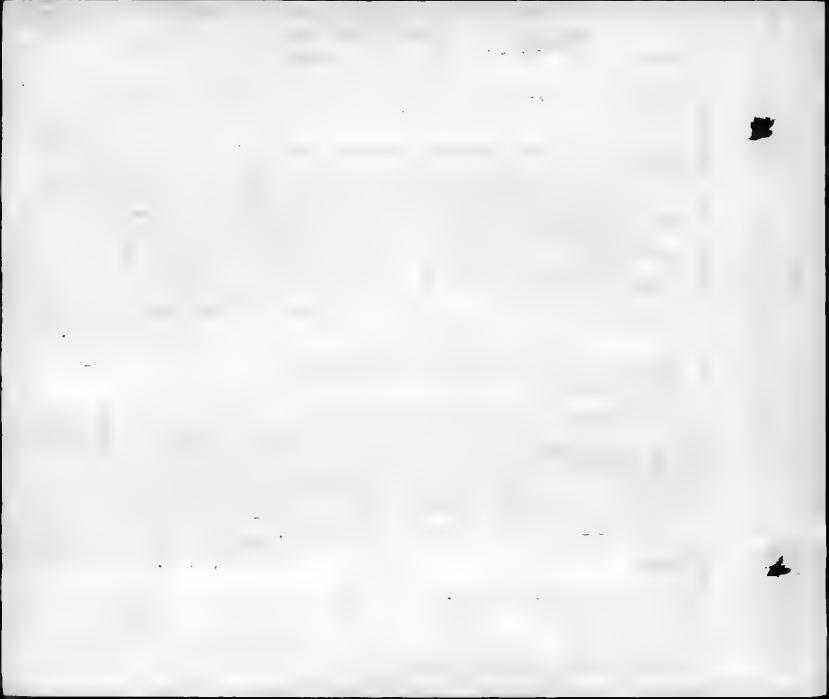


12296 **CERTIFICATE OF DEATH**

-		TOOL	<u> </u>						Keg. Dist	. 140.	
	PLACE OF DEATH	Llegany		MARYLA	ND	a STATE	ery Land	ed lived. If institut b. COUNTY		egar	,
		If outside corporate limit	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR TOV	VN (If outside corp	orota limits, write l	URAL ond gi	ya negresi	I fown)
П	OLG TOWN	edrest lown)		45 yrs.	.	X c					
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive streel			d. STREET ADD	RESS				S RESIDENCE ON A FARM? ES I NO [2]
=		Main St.					ain St.				
1	NAME OF DECEASED (Type or print)	Min	nnie			Lewis	4. DATE OF DEATE	• De		Day	19 60
S. :	SEX	6. COLOR OR RACE	7. MAR	RIED 🔲 NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.
Pen	ale	l'hite	WIDOW	ED DIVORCED		way 11,	1882	78 ym	Molinis	ri kultu	Min,
100	USUAL OCCUPATION during most of wor	ON (Give kind of work (king life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUS						VHAT COUNTRY
		ewife		Own Ho	orie	Short	hat. W.	Va.	Un	A	
V.	FATHER'S NAME					14. MOTHER'S MA	LIDEN NAME				
\mathbf{I}		Henry 1	Loy			Eliza	Brown				
15.	WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 (1	NFORMANT		Ado	İress		
1	no	fit has dive and on ourse on e		none	ar.	s. James	Sum.er	s.Olato	um. M	a.	
F	18. CAUSE OF DEATH. Enter only one course per line for (o), (b), and (c), 1										
П	PART 1. DEATH WAS CAUSED BY: Cerebral Rupture										AND DEATH
	DUE TO										
	Canditians, if a			General ar	ter:	io scleros	sis			IO-	15 7 /Ca
	gove rise la i	immediate (····-			
	cause (a), sloting lying cause last.	The under-									
z	PAIT IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPSY										
CERTIFICATION										F	PERFORMED?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	D. (Enter nature of in	jury in Part I or Pa	ort II at ilem 18.)			
MEDICAL	Hour a.m.	RY Month, Day, Yes	While			ACE OF INJURY (Horitary, street, office bl		ty or town)	(Co	ounty)	(State)
1)	10	70.0	60 10	41 1 4		dt
П	· · ·			sed framI958							
	alive on	2-9-60	5-1971	and that d	eoth	_occurred ot		Im the causes Street, city or town		e dote	Stoted abov
L	ACTUAL SIGNATURE	9, 9.	Sto	urs from	19	, M.D		aw. W. V	,		DAIL 3/3/4L
	PHYSICIAN'S NAME (Type)	James I.	Arms	trong.	_						
220		ON, 226. DATE THEREC)F	22c. NAME OF CEMET	ERY O	R CREMATORY	22d. 1OC	ATION (City, town,	or county)		(Stote)
	BUTICE	12-12-19	960	Davis Men	or	ial Cene	tery Cu	mberlan	d d		
23.	FUNERAL DIRECTOR			ADDRESS		24	la. REC'D BY REGI	STRAR 24b. REG	ISTRAR'S SIG	NATURE	
_	James F.	. Scar, ell	Li,	Cu.iber land	,	.d. o	ATE DEC 1.3	160	-18	1 rass	1

TO HOSPITAL OR ATTENDING PHYLICIAN: The faw requires that the death certificate he executed within 21 hours ofter Heath. Hape 4 funeral director, old be filed with may be retained by the hospital ar attending physician.

TO FUNERAL DY GOR: After this certificate has been signed by the attending physician and completely fitled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 the registrar priar to burial, crematian, or remaval, and in any event within 72 hauts after death. VS A15 (4) 15M 9/55



MARYLAND S 1326 MEDICA	TATE DEPARTME				18	132	253
ZOE (/ Final co.					Reg. Dis	t. No.	
egany	MARYLAND	2. USUAL RESIDENCE (V			ion, Residen Alle		ission)
(ff outside corporate limits, write RURAL wn) SXNd	48 yrs.	c. CITY OR TOWN (IF Cun.b)	outside cor	2 -	RURAL and	give negresi la	wn)
TAL OR INSTITUTION (If not in hospital Hosp	ital give street address)	d. STREET ADDRESS 9원6 교육학	land	Ave.	1	ON	ESIDENCE A FARM?
First Chester	Middle Kirk	Light	4. DATE OF DEATH	Month Dec		SMEN	7eor 960
6. COLOR OR RACE 7- MARRIE WIDOWED	DIVORCED [Jun. 29,18	99	61 vrs.		YEAR IF UND	ER 24 HRS. Min.
ION (Give kind of work done 10b. King life, even if retired)	ving Center	Paw Paw,	or foreign o	country)	12. CITIZI	EN OF WHAT	COUNTRY?
en H. Light		14. MOTHER'S MAIDEN N		Ls			
VER IN U. S. ARMED FORCES? 16. S (It yes, give wor or dates of service)		iformant rs. Cheste	r Lig	ht, Cui	burle	and,	d.
ATH [Enter only one cause per line f	or (o), (b), and (c).					INTERVAL BETWO	
ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ORONARY OCC	CLUSION				SUDL	EiV .

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

NAME OF DECEASED (Type or print) 5. SEX Limle 10g, USUAL OCCUPAT during most of worl ASSt. 13. FATHER'S NAME 15. WAS DECEASED no 18. CAUSE OF DE PART I. DE **DUE TO** CORONARY SCL ROSIS Canditions, if any, which gove rise to immediate couse **DUE TO** (o), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [7] 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) factory, street, office bldg., etc.) o. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection R. Inquiry X. and find that Homicide , Undetermined cause . deoth resulted from: Notural causes VI. Accident . Suicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Dec. 22, 1960 Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER TX NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Rose Hill Ce. etery Cumberlana, .d. 12-24-1.60

ADDRESS

James F. Scarpelli, Cumberland, Md.

delay is necessary, please exercal director. Page 4 should be r be retained far yaur fill and 2 with the registrar may Give Pages A3. Page 5 n TO DEPUTY MEDICAL EXAMINER: This certificate should be

PLACE OF DEATH b. CITY OR TOWN Cumber d. NAME OF HOSP D. O. A.

23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME(5) 5M 9/55



15M 9/59

certificate

requires that the deoth

or attending physician

7 37 6

5.

19905

	3. NAME OF DECEASED (Type or print) 5. SEX 10a. USUAL OCCUPATION (Gouring most of working literated in the control of the co											
1), PLACE OF DEATH o. COUNTY					2. USUAL RESI	DENCE (V	Where decease	d lived. If institute b. COUNTY	on Residence	before adm	ission)
V	Alles	zany		MARY	LANU	Marr	rl and			Allega	27.57	
			ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (II	f autside corpo	orate limits, write R			wn)
7	Cumber	land		6Day:	s	-	عطست	basla				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g	ive street o	ddress)		d. STREET					ON	A FARM?
L	- Saci	ced Heart H	lospit	al	11.	11G.	Jane	Frazie	r Village	9	YES	□ NO
3	DECEASED	Fin	st	Middle	_	Ιο	st	4. DATE OF DEATH	Mon	th	Day	Year
-7		Inmes	7	38	Lon			-	December 9. AGE (In years	IF UNDER TY	EAD IE IIN	19 60
Ι,	D. 3EA	6. COLOR OR RACE	/ MARRIE	NEVER MARRIE		DATE OF BIRT	н		last birthday)		ys Hour	-
L	Male	White	WIDOWED	DIVORCE		6/1/0	3		57 yrs			
1		N (Give kind of work on g life, even if retired)	lone 10b. K	IND OF BUSINESS O	R INDUST	Y 11. BIRTHE	LÁCE (Slo	te ar fareign a	ountry)	12. CITIZE	N OF WHA	TCOUNTRY
_		nt Cab Co.					Maryl			Ţ	S.A.	
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME				
	Y 0	Toma				3.7	. 2 2 2	D				
1	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 5	OCIAL SECURITY NO	. 17 INF	DRMANT NO	ollie	Burns	Addi	ess		
1		yes, gry worldstand to	ervice)			Ch:	art					
F	B. CAUSE OF DEAT	TH [Enler only one co	use per line	e far (a), (b), and (c).]						INTERVAL	
4	PART I. DEAT	H WAS CAUSED BY:		Mulina.		11-1	bal	m.			ONSET AN	DEATH
1	MMEDIATE CAUSE (0) AMUNIONE CONTRACTOR OF THE CAUSE (0)											
	501X DUE TO											
			1	append	1 C-1	27					Ua	(-
				, ,								0'
) (c)	1									
	Z PART II. OTH			ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	O THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WA	S AUTOPSY
1	OR CONTRIBUTING			RIBE HOW INJURY OF	CCURRED.	(Enter noture o	of injury i	n Part I or Par	t II of item 18.)			
3	S 20c TIME OF INJURY	Manth, Doy, Yea	While	JURY OCCURRED Not while		E OF INJURY officers, street, officers			y or town)	(Car	inty)	(Stole
			of work									
	21. I certify that	(I) (this hospital) attende	ed the deceased	fram	12-1			12-25			
		ed alive an 14	- 12	178 % and	that de	ath accurre	d arti	M, fram	the causes an	d an the c	late state	ed above
	22a SIGNATURE	X 11 -					_					22b DATE SIGNE
		~ Omi	8		M	ATTENDIN PHYS.	IG F	MED. DIRECTOR	STAFF PHYS.			SIGNE
		1 41	-			22d. ADDR	ESS					
		Dr. L.B	rings									
72		14 / 18	60	230 NAME OF CEMI	ETERY OR	CREMATORY PA	()	23d LOCA	TION (City town,	or county)	(S)	fate)
. 2	FUNERAL DIRECTOR'S			ADDRESS	1	1. 1		C'D BY REGIS	TRAR 256, FEGI	STRAR'S SIGN	ATURE	
	drus,	Allin	Elm	c (um	61	70	DATE	و الملك و			in film	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law == uires that the death certificate be executed within 24 hours ofter death. Poge 4 uneral director, d be fited with may be retained by the hospital or attending physician.

TO FUNERAL DIM, CTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and is any event, within 72 haurs ofter death.

VR A15 (4) 15M 9/59



	PLACE OF DEATH				2, USUAL RESIDENCE	E (Where deceased		on. Residence	before admission)
		Allegany		MARYLAND	o. STATE	Pa-	b. COUNTY		bereit
	b. CITY OR TOWN (IF	outside corporate limi	its, write	c LENGTH OF STAY IN 15	c. CITY OR TOWN	I (If outside corpor	ote limits, write R	JRAL and giv	ve neorest town)
	RURAL ond give nee				Hyndman	n	Rt	. 7	75-1
	d. NAME OF HOSPITA		give street (address)	d. STREET ADDRE				e. IS RESIDENCE
	OR INSTITUTION	Heart Hos	nital						ON A FARM?
3	NAME OF	Fig		Middle	Last	4. DATE	Mon	th	Day Year
	DECEASED (Type or print)		harle		Luman	OF DEATH	_		5 19 60
5.	SEX	6 COLOR OR RACE	,	IED A NEVER MARRIED	8. DATE OF BIRTH		Decer 9. AGE (In years lost birthday)		YEAR IF UNDER 24 HR
	Mal a		WIDOWE					Months D	Pays Hours Min.
100	Male Male	White		KIND OF BUSINESS OR INDI	ISTRY 11 RIRTHPLACE (02	12 CITIZI	EN OF WHAT COUNTRY
	during most of worki	ing life, even if relired)	ANTO O. 0001111233 OK 11101		Sione or torongin co		12.0112	*
13	FATHER'S NAME	truction			Pa.	DENI NIAME		Ц_	.S.A
10.	TAITIER 3 IMAME				14. MOTHER 3 MAIL	DEIN INAME			•
15	MALLO DECEMBER FILES	Simon Lu			Marg:	aret_Burl	еу		
(Ye	n, no, or unknown)	IN U. S. ARMED FOR If yes, give wor or doles of s			17.0		Addi	ess	
	No			196-16-15	10 Wife)	<u>Meda Luma</u>	n As	above	
			ouse per lir	e for (o), (b), and (c).]					INTERVAL BETWEEN
	PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Culmonon la	emordines	2			4 days
	161X	DUE TO)						
	Conditions, if on	iy, which) (b	La P						
	gove rise to in	nmediate (- FIRST BLACK			0		4
	lying couse lost.	he under-		Paranina	al loons	4			4/24841
Z	PART II. OTH			ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 WAS AUTOPS
ATIC			_		•				PERFORMED?
FIC	20a, ACCIDENT WA	S LINDERLYING []	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injur	ry in Port I or Port	Il of item 18.)	-	I III III III
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		THE PROPERTY OF THE PARTY OF TH	CD: (Ellior Hereio er Wijer	,,	,		
AL (Month, Doy, Ye	or 20d IN	NJURY OCCURRED 20e. F	LACE OF INJURY (Home,	form 20f (City	or town!	IC.	ounty) (Stote
EDIC	Haur o.m.	19	While	Not while f	octory, street, office bldg		ar rowny	100	(3.0.
Σ	p. m.	17	of worl	at work	1				
	21. I certify that	t (I) (this haspita		ed the deceased fram		. 1956 , ta	Dec		 that (1) (we) la:
		ed alive an <u>5</u>	Dec	19	death accurred at	903/M, fram	the causes an	d an the	date stated above
	220. SIGNATURE				ATTENDING	1150	CTAFF		22b.DATE SIGNE
		ellici P	Jac	un	M.D PHYS	MED. DIRECTOR	STAFF PHYS		12-6-60
	22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS				
	(1)/2-7	W. Iam	es.		4414	Center 5	Fe Cum	untend	No.L
230	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCAT	ION (City, town,	or county)	(Stote)
	REMOVAL (Specify)	Dec.8,	1960	Zion Memor	ial Park	Cumbe	erland.	Md.	
24	FUNERAL DIRECTOR'S			ADDRESS		REC'D BY REGISTI		STRAR'S SIGN	NATURE
_	Jalivat	N. Leleker	/	Hyndman. Pa	. DAT	EDEC 1 2 '60) / ,	1 0 4	

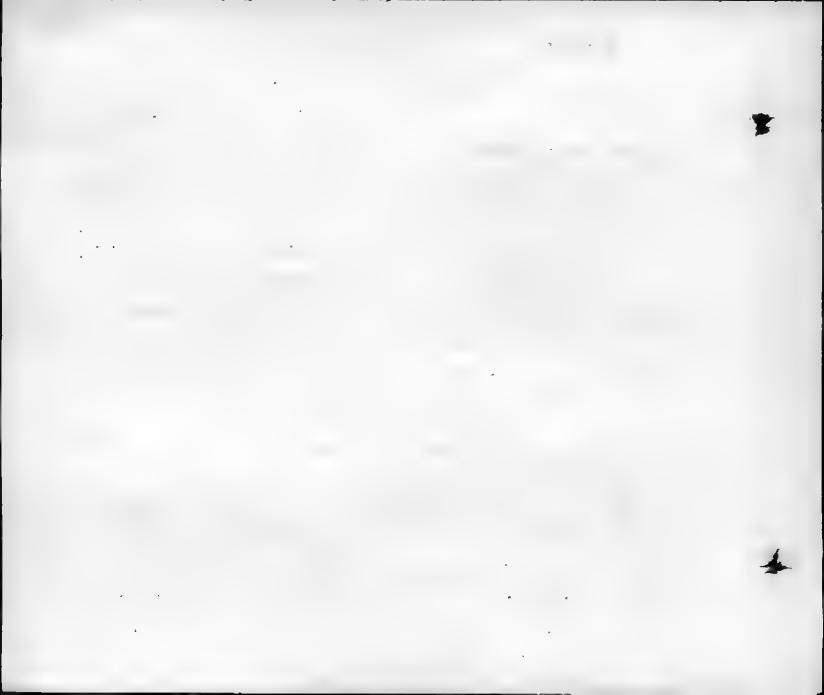
executed within 24 hours after death Page 4

funeral director, d be filed with

may be revained by the haspital or attending physicion.

TO FUNERAL DISCORE: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Boord of Health priar to burial, cremation, ar remayol, and in any event within 72 hours after death.

TO HOSPITAL OR VR A1S (4) 1SM 9/S9



13257										
sidence before admission) ALLEGANY										
and give rearest town)										
	e. IS RESIDENCE ON A FARM? YES NO NO									
D	Yeor Yeor									
.31	0 1960									
	R IF UNDER 24 HRS.									
ilhs Days	Hours Min									
CITIZEN C	F WHAT COUNTRY?									
U.S.A.										
TDC	MD									

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Re COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL RURAL ond give negrest town) 10 FROSTBURG d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION MINERS HOSPITAL 30 BEALL ST NAME OF First Middle 4. DATE Month DECEASED FRANCIS DEATH (Type or print) MALLOY S SEX 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF U lost birthdoy) Mo 8 MATE WIDOWED [yrs 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Machinis MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOSEPH MALLOY MARGARET MURRAY IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address FROSTBURG, MD. SYLVIA MALLOY. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 5 min **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy. 20d. INHURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Slote) (County) foctory, street, office bldg., etc.) Hour o.m. Not while at work of work p. m. 12/30, 1960 that (1) (me) lost 21 I certify that (1) (this haspital) attended the deceased from.___ , and that death occurred at & M. from the couses and on the date stated above. sow the deceased alive an 12 220 SIGNATURE SIGNED ATTENDING PHYS MED. DIRECTOR M.D 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION. 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ST! MICHAEL'S CEMETERY

25c REC'D BY REGISTRAR

DATE JAN 4

256 REGISTRAR'S SIGNATURE

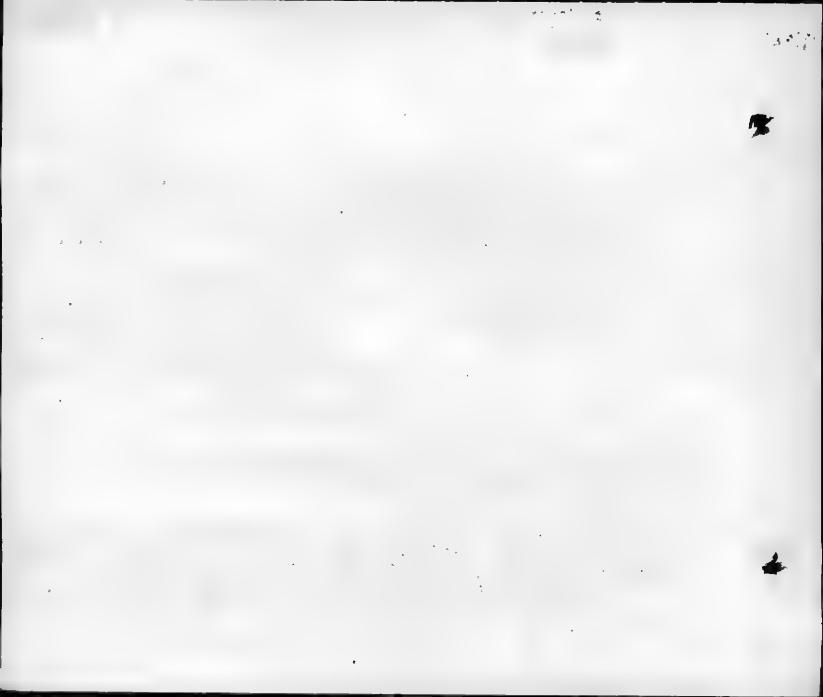
Claring 9 ft

ADDRESS

FROSTBURG, MD.

with director, Filed eroi pe in by t Pages death papers. physicion гетоме event LEN 2 othending pleose any the å has been signed physicion. buriol-tronsit 0 certificote ty the TO FUNERAL DIF Boord page the Sta VR A1S (4) 1SM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
13267	CERTIFICATE	OF	DEATH	

Rea, Dist. No.

1. PLACE OF DEATH o COUNTY	Alle gany		MARY		o. STATE	dence (wi liary)		lived II institut b. COUNTY			dmission)
b. CITY OR TOWN (I RURAL and give no Cumber 1		ls, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPIT OR INSTITUTION U.J. LIC	At (If not in hospitol, g lain than Rd.	ive street	oddress)		d. STREET A		in ghar	n Rd.			RESIDENCE ON A FARMS, ES NO-19
3. NAME OF DECEASED (Type or print)	Fin NELLI	E	JOSETTE:		LANLE		4. DATE OF DEATH	Dec.		Doy 23,	Yeor 19 60
s sex Female	6. COLOR OR RACE White	7. MARR	TED NEVER MARRIE	_	oate of BIRT			9 AGE (In years last birthday) 80 yrs	Months Do		DUTS Min
Porsewi	ung life, even if retired		kind of Business of the home	R INDUSTI	North	umber	land,	Penna.		N OF W	HAT COUNTRY?
13. FATHER'S NAME Thomas	s E. Ruch				14 MOTHER'S Sal	MAIDEN N					
IS WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	evice)	SOCIAL SECURITY NO.		ormant Dorot	hy l'a	nley 3		in, har	21.	Cimil. 150
5 Keser	mmediate (DITIONS O	/	th BUT N	OT RELATED TO	THETERMI	INAL DISEASE	CONDITION GI	de sone	PI	VAS AUTOPSY ERFORMED? S NO B
-	Y Month, Doy, Yeo	While	NJURY OCCURRED Not white	20e. PLAC facto	E OF INJURY (ry, street, office	Home, form bldg , etc.	20f (City	or town)	(Cou	nly)	(State)
alive an	at I atlended the	972	C, and that	death o		S: 42A So.	M, from	the causes reet, city or town.	ond on the		
220. BURIAL, CREMATIO REMOVAL (Specify) BULLIAL	12/26/60	F	22c. NAME OF CEME Hillcrest			ς		ION (City, town, berland,			(Stote)
23. FUNERAL DIRECTOR' II. Hayne		Cumbe	ADDRESS erland, 1 d.			- 4	D BY REGISTI		ISTRAR'S SIGNA		



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13268 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	g. COUNTY		2 USUAL RESI	DENCE (Wh	ere deceased liv	red. If institution b. COUNTY	Residence before	ore admission)	
_	All Agany	MARYLAND	1	Virg	inia	Min	ebl		
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TAY IN 16	c. CITY OR	TOWN (If b	utside corporate	limits, write RUI	AL and give no	arest town)	
L	Cumberland 8 D	ays	Rt. 1.	Ridge	lev. We	st Virgi	inia	SC X	1
	d. NAME OF HOSPITAL (if not in haspital, give street address) OR INSTITUTION		d. STREET A	DDRESS				e IS RESIDE	
L	Sacred Heart Hospital		Nr. R	t. #	28 at	Ft. As	hby	YES N	
3	NAME OF First Mi	iddle	Las	it	4. DATE OF	Month	D	ay Year	r
	(Type or print) Martha Elizabeth		Martin		DEATH	Dacember	2 75	196	60
S	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED 🔲	B DATE OF BIRTI	Н	9	AGE (In years II	FUNDER 1 YEAR		
	Female White WIDOWED DIVO	RCED 🔲	9/13/9	0).		lost birthday) 7	Manths Doys	Haurs	Min.
Ī	Oo. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINE during most of working life, even if retired)	SS OR INDUS	STRY 11. BIRTHPL	ACE (Stote			12. CITIZEN O	F WHAT COU	NTRY?
ł	Housewife Own home		Mana	rl and			37 (5.A.	
13	3. FATHER'S NAME		14. MOTHER'S		IAME		i liet	D. H.	
П	George T. Simpson (D)		T7 4 -		011- 0		(12)		
1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17 IN	NFORMANT	1 ATITI	Suank S	impson (, u j		
ľ	No. no. or unknown) No. (If yes, give wor or dotes of service) None	Mr	. Garl:	Mart	in Cha	mherch	ura E	enna.	
F	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and		Adda a		211 011(INDUL DO		ERVAL BETW	
П	PART I. DEATH WAS CAUSED BY:		1. ha	O-ma	. 4		ÖN	SET AND DE	ĀŤĤ
П	151 Y DUE TO AWENTED	way ,	frank	VOO PM	-0.			day	
	Conditions, if any, which) as gasting	100	Time				2	200	
	gave rise to immediate	CORC	even					. /	
	lying cause lost.	. 40	Lomos	L			/	mon	12
2		DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	V IN PART I/o)	19. WAS AUT	OPSY
CEDTIGICATION				TO TEMPOR	THE DIVERSE OF	3113111311 31121	1,141 / 1,07	PERFORMI YES N	ED?
190	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR	RY OCCURRE	D (Enter noture o	f injury in P	ort Lor Port II	of item 18.1		по П и	O [M
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour o m. White Not white	20e. PLA	ACE OF INJURY (I	Home, form,	20f (City or	tawn)	(County)		(Stote)
AAF	p. m. 19 While Nat while of work of work		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	brug., cie	1				
	21 I certify that (I) (this haspital) attended the deceas	ed from /	12-1	194	5-0 to	12-15	1060 11	hat (I) (we)	Llock
			leath accurred	108'06	M. from the	course and			
	220. SIGNATURE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			777 77 (317) 1710	, cooses one	dir ine date	22b. D/	ATE
ł	L L. Mings	1	M.D PHYS	G ME	D. SECTOR [TAFF PHYS		12-151	SNED/
	72c. PHYSICIAN'S NAME (Type) / MANUEL TYPE PARTY TO A STATE OF THE PARTY TO A	-	22d. ADDRE	ESS			-		
	LEWIS BRING	- 2	57	Green	e St.				
2:	BURIAL, CREMAT ON, 236 DATE THEREOF 23c NAME OF	CEMETERY O				N (City, town, or	county)	(Stole)	
	Burial 12/18/60 Mt. Zi	on Ce	metery			ort Ga		Va.	
2:	FUNERAL DIRECTOR'S SIGNATURE ADDRESS			25a. REC'D	BY REGISTRAR		RAR'S SIGNATU		
	Charles L. George Cumberl	and,	Md.	DATE	20'60	. , , . ,	9 10		
-	The second secon			1111			V 5"	4	



TO HOSPITAL OR ATTENDING FINYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained, the hospital or ottending physician.

TO FUNERAL DI ACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. And be filled with the State Board of Health prior to burial, crematian, or removal, and in any eventually thus the region.

VR A1S [4] 1SM 9/59

MADVIAND STATE DEPARTMENT OF HEALTH

MAKETER	AND STATE DEPARTMENT OF HEALTH	4 2 2 2 2
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	13260
269	CERTIFICATE OF DEATH	70000
w (/ 1/		

- 1													
	1, PLACE OF DEATH a. COUNTY		MARYLAN	a STATE	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY								
		Allegany			Maryl			egany					
	B CITY OR TOWN (II RURAL and give ne	outside corporate limits, writ		c. CITY OF			its, write RURAL and	give nearest town)					
þ		erland	9/28/60	=	Cumbe								
	OR INSTITUTION	AL (If not in haspital, give stre	·	d STREET				e IS RESIDENCE ON A FARM?					
	A	llegany Cou	<u>nty Infirma</u>	cy /	32 Bo	one Str	eet	YES 🔲 NO 💢					
	3. NAME OF DECEASED	First	Middle	L	ust	4. DATE OF	Month	Day Year					
	(Type or print)	Louise	Maggie	McCorn	ick		cember_	27, 1960					
	S SEX	6 COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	DATE OF BIT	TH	9. AGE	(In years IF UNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS					
	Female	White wipo	WED DIVORCED	5/24	/1881	79		Days Hours Mill					
	10a USUAL OCCUPATIO	N (Give kind of work done 1) ing life, even if retired)	06. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State o	r fareign country)	12 CI	TIZEN OF WHAT COUNTRY?					
	Housewife		Ownhome	New	burg.	est Vir	ginia	U. S. A.					
	13 FATHER'S NAME	-			'S MAIDEN N								
	1	August Horch	nler	Ag	nes Mi	tchell							
	15 WAS DECEASED EVE	R IN U. S. ARMED FORCES?		7, INFORMANT P			Address C UI	mberland, Md					
	No	is yes, give war or dates or service;	None	Allega	ay Cor	inty Inf	cirmary:	records					
		TH [Enter only one couse pe	r lipe for (o), (b), ond (c)	- 4 - 4	1 0	A	<i>f</i> -	ONSET AND DEATH					
	PART I DEA	TH WAS CAUSED BY	horse my	youard	car	Duyll	elrate	7					
	2/1	DUE TO	0 6		Inia	-	*	2					
		Conditions, if any, which gove rise to immediate (b) Corelleral arguing the conditions of the conditio											
	gove rise to it		D. chet.	Declar millety									
i	lying cause lost.) (c)	acareer	0 / 10		CLO,		,					
	NOTE PART II OTH	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMII	NAL DISEASE COND	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?					
	2	Myperfeccion YES NO											
	(IF EITHER, NOTIFY	S UNDERLYING () 206. D CAUSE OF DEATH MEDICAL EXAMINER)	PESCRIBE/HOW INJURY OCCU	RRED, (Enter nature	of injury in P	artior Part II of a	lem 18.)						
				PLACE OF INJURY factory, street, off	(Hame, farm,	20f. (City or tow	n)	(County) (State)					
	Hour a.m	19 Wh	ile Not while	ructory, street, on	ice bidg., etc.								
	21 Leartify the	t (I) (this basoutal) atte	ended the deceased fra	m 9/28/	60 10	to 12/	/27/60 10	, that (I) (we) last					
	saw the deceas	70/08	7/6019 90071	15 P.M.	ed at	M. from the c	auses and an th	ne date stated above.					
	220 SIGNATURE	1) 3	S = //		00 01.2.4		and an it	2°b DATE					
		Jacello 6.	muley -	M D PHYS	NG 📉 ME	TECTOR TE STA	rs 20	12/28/60					
	22c. PHYSICIAN'S NAME (Type)			22d. ADI									
	110000	Dr. James H	E. McLean		49 Gre	ene St.	, Cumbe	rland, Md.					
	230 BURIAL, CREMATIO	N. 236 DATE THEREOF	23c NAME OF CEMETER				City, town or county						
	REMOVAL (Specify) Burial	I2-30-60	Hillcres	st Buria	l Par	k Cumbe	erland, M	a.					
(B)	24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS We	a	25a. REC'I	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE					
3	James F.	Scarpelil C	umberland, Mo	d e	DATE 1/4	N 3 '61	L mmy _	S. Thank					



MARYLAND STATE DEPARTMENT OF HEALTH 13327 CERTIFICATE OF DEATH

13261

		TOOPI		CERTIFI	CAIL	OF DEATH								
	PLACE OF DEATH				2.	USUAL RESIDENCE (Who	ere decease		n: Resido	ence befo	re admiss	ion)		
	o. COUNTY	llegany		MARYLA	AND	o. STATE Marylan	land Aldegany							
	L CITY OR TOWN (IF or		ts, write	c. LENGTH OF STAY IN	4 1Р	CITY OR TOWN (If outside corporate limits, write RURAL and give n)		
	LaVale	est town)		5 vears		LaVale	9							
_	d. NAME OF HOSPITAL	(If not in haspital, g	ive street	/ / / · · · · · ·	d. STREET ADDRESS						e. IS RESIDENCE			
		yland Ave				523 Maryland Ave.				ON A FAR				
	NAME OF	Fir		Middle		Lost	4. DATE	Mon	th	Po	Day Year			
	(Type or print) MAE						OF DEATH		70					
_	** * *		7. 440	DIED IT NEVED MADDIED	McDOI	ATE OF BIRTH	1	9. AGE (In years	IF UNDE	R TYEAR	IF UNDE	., 0,0		
	Female	lost birthdoy)					Months	Doys	Hours	Min.				
F'emaile White WIDOWED DIVORCED March 29,1878					or foreign c		112 (1	TIZEN OI	F WHAT C	CUNTR				
	during most of working	life, even if retired						,						
2	Housewife			Own Home_	11	West Virg				JSA				
13. FATHER'S NAME														
Unknown Is, was deceased ever in u. s, armed forces? It. Social security no. 17 Informant Address														
		res, give war or dates of a		SOCIAL SECURIT NO.	17 11410	CATALLA I		Agui	672					
_	NO			None	Mrs.	Harry May,	LaVal	e, Md.						
			use per li	ine for (o), (b), and (c).						INTI	ERVAL BE	TWEEN		
	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a	1 Ac	ute corona	arv	occlusion				N	inut	tes		
DUE TO														
										ears	29			
	gave rise to imm	rediote (. WCI IODOIC			<u> </u>	WI WILL	uue.		541.			
cause (a), stating the under-														
Z	PART II. OTHER			CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM!	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	I(a) 19. WAS AUTOP!			
											PERFO YES 🗀	RMED?		
į	200 ACCIDENT WAS	INDERIVING []	20h DES	SCRIBE HOW INJURY OCC	CHRRED /F	nter polyre of injury in F	Port Los Pas	t II of item 18)			-123 [-110 [
CERT	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	TOD DES	CKIOC HOW HAJORI OC	CONNED. IL	iller tolore or tillory in .	511 1 51 1 51	1 10 01 11010 1014						
	20c. TIME OF INJURY		20-1	NJURY OCCURRED 2	On DIACE	OF INJURY (Home, form	1 205 1016	()		(County)		(State		
MEDICAL	Hour o.m.		While	Not while	factory	, street, affice bldg , etc.) }	or town,		(conmy)		(Sidire		
	p. m.	19	at wa				1	·						
	21 1 certify that ((I) (this haspital		ded the deceased fi										
	saw the deceased	l alive an	11-	1- 19 60, and t	hat deal	h accurred at	M, fram	the causes an	d on t	ne date	stated	abavi		
	220 SIGNATURE	///////////////////////////////////////		66							22	b. DATE SIGNE		
	20191	basen Re	cri	109	M.D	ATTENDING ME	RÉCTOR 🔲	STAFF PHYS		12	-12-	-60		
	22c PHYSICIAN'S		1	1000		22d APOSESS Vir	gini	a avenu	6					
	NAME (Type)	on Himm	e1wr	right D				Laryla						
30		23b, DATE THEREC		23c NAME OF CEMET	ERY OR CI			TION (City, town		1	{Stat	e)		
	REMOVAL (Specify)	Dec 13,1						sville, V			(5/6/	,		
_	Burial Maysvillo FUNERAL DIRECTOR'S SIGNATURE ADDRESS					tery 250 REC'I	D BY REGIS				RE			
	Byron Kigh		Chamba	erland. Md.			1 4 '60	1 4						
	-x = 011 $0 + 8$ 1	6.7		- 1 24 F F F F F F F F F F F F F F F F F F		1 DATES A	1 T UV	3, 29	- (40	A RAMAN				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retornal by the hospital at attending physicion.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by the found director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 24 mild be filed with the State Board of Health priat to burial, cremation, or removal, and in any event mittin 72 hours after debits. VR A15 [4] ISM 9/59



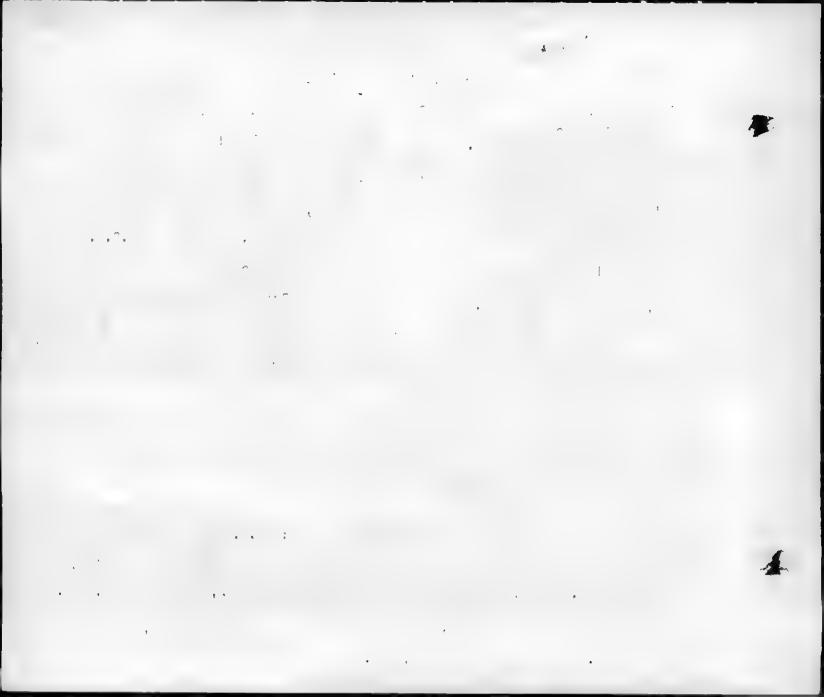
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

CERTIFICAT

D RECORDS — BALTIMORE 1, MARYLA E OF DEATH	1326	
2 USUAL RESIDENCE (Where deceased lived.	f institution: Residence	hefore admission)

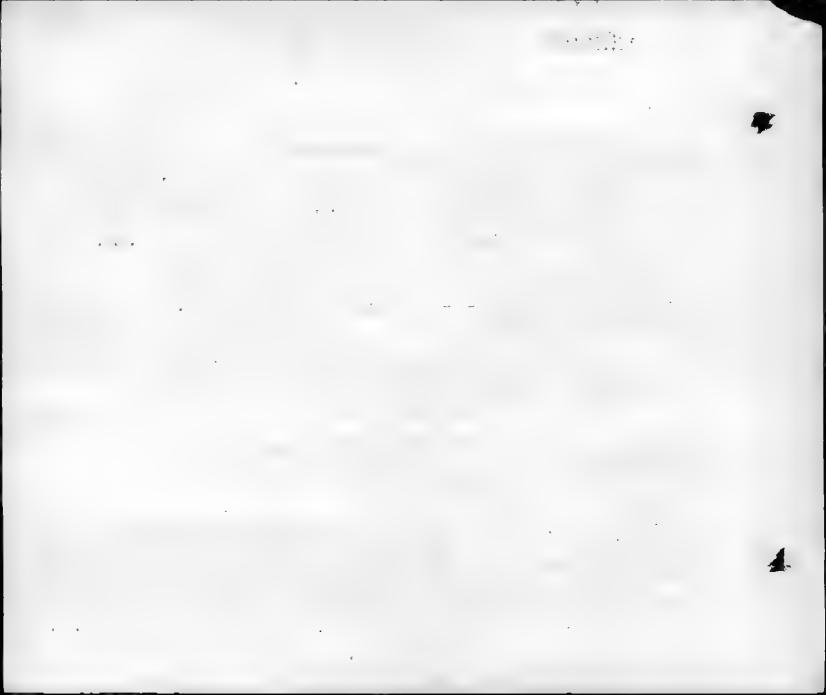
" ALLEGANY CUMBER LAND	o. MARYLAND b. COUNTALLEGANY
b. CITY OR TOWN (If ourside corporate limits, write C. LENGTH OF STAY CUMBER LAND, MD 5 DAYS	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND
d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTRUMENTAL & WARWICK AVE.	d, STREET ADDRESS 705 GEPHART DRIVE o is residence on a farma, yes in o
3 NAME OF First Middle (Type or print) JOHN MICK	OF .
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRI MALE WHITE WIDOWED DIVORCE	last birthday) Months Days Hours Min.
10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Couring most of working life, even if retired) None (Student) None	OR INDUSTRY 11 BIRTHPLACE (State or foreign country) CUMBERLAND, MARYLAND U.S.A.
13. FATHER'S NAME DAVID MC FARLANE	14. MOTHER'S MAIDEN NAME HELEN KERSHEN
15 WAS DECEASED EVER IN II. S. ARMED FORCES? 16. SOCIAL SECURITY NO (1 yes. give wor or doles of service) None	MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Lend Alestone C Sheet and Death
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b) OUE TO (c)	as Decomplesotions of therough
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\frac{\psi}{\psi} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of injury in Port 1 or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work of work at work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
21 I certify that (I) (this haspital) attended the deceased saw the deceased alive on 19 (C) and	from 1960 to Lize 1960 that (I) (we) lost that death occurred at 148R, from the couses and on the date stated above
220 SIGNATURE 22c. PHYSICIAN'S 22c. PHYSICIAN'S	M.D ATTENDING MED STAFF 12/2/60 SIGNED
NAME (Type) DR. BLAINE SCHINDLER	43 Greene St., Cumberland, Md.
REMOVAL (Specify)	ill Cemetery Cumberland, Maryland
Charles L. George Cumberland,	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DEC 5 '60 C



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
13328 CERTIFICATE OF DEATH

	20	() (+ ()									
1, PLACE (o. COU		gany		MARYLAND	2. USUAL RESIDEN o. STATE Md	. '	era deceoseo	f lived. (F institut b. COUNT)			dmission)
b. CITY PURA Lui	OR TOWN (If out) L and give nearest	side corporote limi t (awn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If ou	rlside corpo	rote limits, write	RURAL and g	give nearest	town)
d. NAM OR II	NSTITUTION 20 Fe	f not in hospitol, g Lirview	ive street	oddress)	d. STREET ADDR		iew			0	RESIDENCE ON A FARM?
3. NAME (DECEAS (Type or	ED	e ry	st	Middle Catherine	McGreevy		4. DATE OF DEATH	Dec Dec	nih •	12	Year 19 60
s sex	_	color or race	7. MARR	ED NEVER MARRIED DIVORCED	8 DATE OF BIRTH Sept.8, 1	.900		9. AGE (In years lost birthdoy) 60 yrs	Months		JNDER 24 HR
during	r cutter	ite, even if relired)	_	KIND OF BUSINESS OR INDL	Maryle	ınd		ountry)		ZEN OF WH	IAT COUNTRY
	as Gorml	ey			Mary M						
	ECEASED EVER IN	-	ervice)	4- 4- 4	rencis McG				dress		
1B. C	PART I. DEATH V	Enter only one co VAS CAUSED BY: AEDIATE CAUSE (o	M	tastatic	Carcin	1) 12	دير			ONSET	AL BETWEEN
gove	ditions, if any, series to immediately (o), stating the years course lost.	diote (Ca	KCINDMA O	F Sign	1010	٤ (Calon		3	>
CERTIFICATION OB CO OB CO			DITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO TH	ETERMIN	NAL DISEAS	E CONDITION G	IVEN IN PAR	ĮP.	VAS AUTOPST ERFORMED? S NO M
	CCIDENT WAS UP ONTRIBUTING (1) O HER, NOTIFY MED	NDERLYING CAUSE OF DEATH CAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of in	jury in Pe	ort I or Por	t II of item 18)			
	ME OF INJURY A Hour o.m, pm	Aonth, Doy Yes	While of wor	Not while fo	ACE OF INJURY (Homictory, street, office blo	dg., etc.)				County)	(Stote
220 S	HYS CIAN S RIAME (Type)	bert a	>// > e > . L	led the deceased fram	ATTENDING PHYS 22d APPRESS	MEI DIR	M, fram D, RECTOR []	STAFF	nd on the		226 DATE SIGNE 2-6
Buria	L, CREMATION,	236. DATE THEREC 12/14/60) F	Potomac Vall				TION (City, town,	or county)	W	(State)
24 FUNER	AL DIRECTOR'S SIG			Westernport,	ne	- brette	BY REGIST	DAD DOL DEC	SISTRAR'S S C	GNATURE	



ON A FARM?

YES NO IN

19

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO TO

> > (State)

226 DATE 160 SIGNED

(State)

60

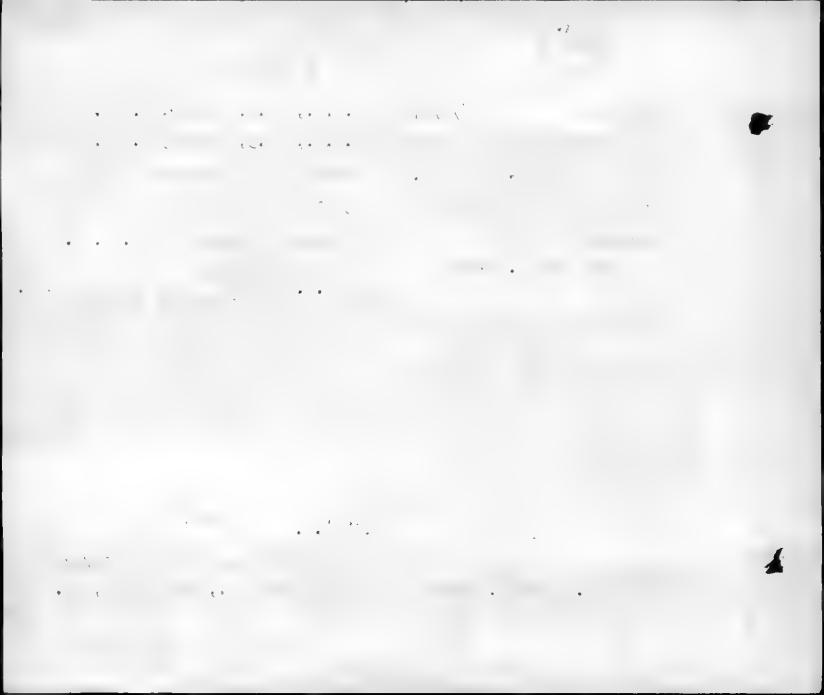
Va.

U. S. A.

(County)

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 13271 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Allegany b. COUNTY Allegany MARYLAND Marvland b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) R.F.D., Rt.3. Keyser, W. Va. Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allegany County Infirmary by 1 R.F.D., Rt.3, Keyser, NAME OF First Middle DECEASED Maude December H. Meese (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [In years last birthday) Months Female White WIDOWED X DIVORCED [d paper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Midland, Maryland Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William P. Hansel Fanny Barnard physici ove 17 INFORMANTP . O . BOX 599. Addres Cumberland . Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Allegany County Infirmary Records altending please 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ģ Conditions, if ony, which (b) gave rise to immediate DUE TO cause (b), stating the underlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHABUT NO 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 120f, (City or town) factory, street, affice bldg., etc.) Hour a.m. Not while at wark Ot wark 21 I certify that (I) (this hospital) attended the deceased from ., 19___, that (I) (we) lost and that death accorded at saw the deceased alive on 12 60 M, from the couses and on the date stated above. 305 220 SIGNATURE ATTENDING TO MED DIRECTOR STAFF PHYS. 22c PHYS CIAN'S 22d ADDRESS TO FUNERAL DI NAME Mype) Greene St., Cumberland, Md. James E. McLean 23Ь DATE/THEREOF 23c NAME OF CEMETERY OF CREMATORY 23a BURIAL, CREMATION. 23d LOCATION (City town, or county) REMOVAL (Specify) AODRESS 24-FUNERAL DIRECTOR'S SIGNATURE 256 REG STRAR'S SIGNATORE

HOSPITAL OR VR A15 (4) 15M 9/59



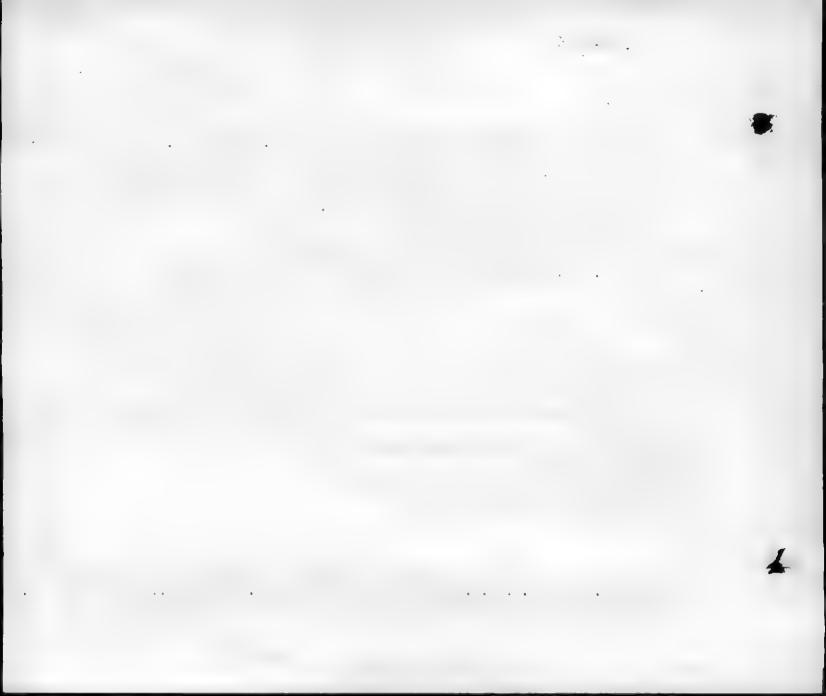
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13265

L	14	3 60 8 10		CERTIFICA	* 115	OI DL	A 1111						
1	PLACE OF DEATH OF COUNTY AT LE	GANY		MARYLAND	2.	USUAL RESIDE o. STATE		ere deceased by YLAND	ived. If institution b. COUNTY		before odm LLEGAN		
	b. CITY OR TOWN (I	f outside corporate limit parest town) ND	ts, write	c. LENGTH OF STAY IN 16			WN (IF o		te limits, write RL	JRAL and giv	e nearest to	wn)	
	d NAME OF HOSPIT OR INSTITUTION SACRED	AL (If not in hospital, g HEART HOS)	ive street			d STREET ADD	B N	.MECHAI	VIC ST.	,	e. IS R ON YES	A FARM?	
3.	NAME OF DECEASED (Type or print)	Fin BER		Middle	-	Last MITCHEI	J.	4. DATE OF DEATH	Mont DECE	MBER	Doy 13	Year 19 60	
5.	FEMALE	6. COLOR OR RACE WHITE	7. _{MARE}	RIED XXIEVER MARRIED []	B. D	SEPT. 1	5 , 1	985	AGE (In years last birthday) 75 yrs		YEAR IF UN	у .	
10	a. USUAL OCCUPATION during most of war HOUSEM	<u>ting life, even if retired</u>) []	KIND OF BUSINESS OR INDI Own home	USTRY		E (Stote S YLAN		ntry)		SA	COUNTRY	
13	WALTER	C. DARROW	(DECE	CASED)	1	4 MOTHER'S M	IAIDEN N DE BR		ECEASED)				
	. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 17. INFORMANT NONE PAT TENTS CHART, SACRED HEART HOS							Ρ.		
	Canditions, if o gave rise to i couse (a), stating lying cause lost.	m mediote ()	1		elusio							
CERTIFICATION	20a ACCIDENT WA	Storie	- Er	CONTRIBUTING TO DEATH BU LCC JL CRIBE HOW HUJURY OCCURR	Q.	<u></u>	<i></i>			EN IN PART	PER	S AUTOPSY FORMED?	
MEDICAL CES	(IF EITHER, NOTIFY	MEDICAL EXAMINER) Y Month, Doy, Yes	or 20d. II While	Not while f	PLACE	OF INJURY (He	ome, farm oldg., etc.	20f. (City o	r town)	(Co	uniy)	(State	
	sow the deceas	and a	oftend	ded the deceased from		11/10 th occurred	19: 01 9 -/4	100 300	17/13 ne couses an			ed obove.	
	22c. PHYSICIAN'S NAME TURNS							, CUM	/ > BERLAN	D, MD			
L	REMOVAL (Specify) Burial	Dec. 16.1		Rose Hill Ce		tery		Cum	berland	Md.		iote)	
24	FUNERAL DIRECTOR Byron	s signature Kight C	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATDEC 2 0 '60 C1 Lin & Kround										

TO HOSPITAL CE ATTEMBLIE PHESICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIT CIOR: After this certificate has been signed by the aftending physician and completely filled in by a page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 24 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 [4] 15M 9/59



uneral director, filed with

pe.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13266

			3273	CERTIFICA	TE OF DEATH		
)	1, 1	PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (WASTATE Mary 1	here deceased lived. If institution: Resident B. COUNTY A.1	ence before admission) legany
,	E	RURAL and give n	If autside carporate limits, write earest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL on rland	d give nearest lown)
	,	OR INSTITUTION	TAL (If not in hospital, give street		d STREET ADDRESS	ark Street	IS RESIDENCE ON A FARM? YES NO K
	(NAME OF DECEASED (Type or print)	Rachael	Pleasant N	foreland	4. DATE Month OF DEATH DECEMBER	26, Yeor
	l _	emale	6. COLOR OR RACE 7. MARI		9/9/1874	9, AGE (In years let UND lost, birthday) Months	ER 1 YEAR IF UNDER 24 HR Days Hours Min.
	10a	during most of wor	ON (Give kind of work dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country) 12.0 Pennsylvania	U. S. A.
	13.	FATHER'S NAME	William E. N			L. Dunlap	
		WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dotes of service)		informant P, O. Bo. 11egany Cou	x 599 AddressUU nty Infirmary r	mberland, M ecords
)		HARTI DE	ATH [Enter only one couse per li ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	ne for (a), (b), and (c)]	I Humo	rrhegs.	INTERVAL BETWEEN ONSET AND DEATH
	-	Conditions, if a gave rise to i couse (a), stating lying couse last	mmediate DUE TO	Chronic 7	nyozarde	al Degeneral	ton?
	FICATION	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN P.	ART 1(0) 19 WAS AUTOPS' PERFORMED?, YES NO
	CERT	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRISS HOW INJURY OCCURR	ED (Enter nature of injury in	Part I ar Part II of stem 18)	
	MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	While	£.	LACE OF INJURY (Hame, form actory, street, affice bldg., etc		(County) (Stat
		saw the decea	at (I) (this haspital) attended alive an 12/26,			to 12/26/60, 19 M, from the causes and an t	
		22a. SIGNATURE	Jacres &	nclean	M D PHYS X D	STAFF PHYS X	12/27/60
		22c PHYSICIAN'S NAME (Type)	Dr. James E	. McLean		ene St., Cumber	
		BLRIAL CREMATIC PEMOVAL (Specify SULLICE FINANCIAL DIRECTOR	Dec 28, 1960	23c. NAME OF CEMETERY	Burial Part	23d LOCATION (City, topyn, or county	and Tud
,	=======================================	FUNERAL DIRECTOR	F Herfer Cu	mberland	And 250. REC	D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by he haspital ar attending physician.

TO FUNERAL DIG. CIOR: After this certificate has been signed by the attending physician and campletely filled in by it page 3 should be detached for use as the burial-transit permit. Then alekse remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and it is not been within 72 hours ofter death TO HOSPITAL OF

VR A1S (4) 1SM 9/59



13267

1	3329 ME	DICA	L EXAM	HINEK	3 CEK	HFICA	EOF	DEATH	Reg.	Dist. No	o.	
PLACE OF DEATH					2. USUA	L RESIDENCE (Y	/here deceas	ed lived. If Institu		dence be	fore adm	ission)
. o. COUNTY	Allegany			MARYLAND	o. STA	TE Mary	land	b. COUNT	ť	Alle	gany	-
	If autoide corporate limits, write	BURAL	c. LENGTH OF	STAY IN 1b	c. CIT	OR TOWN (II	outside corp	porote limits, write	RURAL a			
Flintston			30 Ye	ars	IX.	Flin	tstone	e.				
d. NAME OF HOSPI	TAL OR INSTITUTION (I	f not in hos			d. STR	EET ADDRESS						RESIDENCE
												Д (0И [
3 NAME OF	Fin	ıl	Mid	die		Lost	4. DATE	Month		Day		Year
-DECEASED (Type or print)	Ernest	t	Clevel	and	Mulle	nex	OF DEATH	December	•	2	1	1960
5. SEX	6. COLOR OR RACE	7. MARRIE	ED TO NEVER M	ARRIED 🔲		-	-	9. AGE (In years lost birthday)	IF UNDE	RIYEAR	IF UND	DER 24 HRS.
Male	White	WIDOWED	DIVO	RCED 🔲	Januar	w 21 1	887	72 yrs	Months	Days	Hours	Min.
	ON (Give kind of work ong life, even if retired)	done 10b. K	IND OF BUSINES					ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
Retired						West Vi				II.	S. A	
13. FATHER'S NAME	2 022 110 1				14. MOTH	ER'S MAIDEN N		-		Ua	Va. A	
	Edward Wolf	onori				Mayer V	Tigoba	eth Moury				
	VER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURIT	Y NO. 17. I	NFORMANI	Marry	LLZZUS	Address				
(Yes, no, or unknown)	(If yes, give war or dates of s		19–1և–63	06 34	ea U.	ash and A	-h	Plantata		W	J J	
No 219-11-6306 Mrs. Herbert Ash Flintstone, M										INTE	land	VEEN
PART I. DEATH WAS CAUSED BY: Coronary Occlusion										Sudd		
DUE TO										1	Suga	211
Conditions, if ony, which by Coronary Sclerosis												
gave rise to immediate cause												
(o), stating the underlying DUE TO												
	HER SIGNIFICANT CONI	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	19. WAS	AUTOPSY
OF .		dirett								1	PERFO	ORMED?
PART II. OT	USE WAS 20	b. DESCRIBE	E HOW INJURY O	OCCUPRED 1	Enter noture	of injury in Part	L L or Port II	of item 18.1			, L	
20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	MTRIBUTING [or miles y an e san						
		er 20d s	NJURY OCCURR	FD 20e. PLA	CE OF INTE	IRY (Home, form	. 20f. (City	or town)	10	ounty)		(Stote)
20c. TIME OF INJU		While	Not while	fac	lory, street,	office bldg., etc.) 2011 (011)	, or town,	,,	oom;		(310.0)
	19		rk of work		1 1 1			. 19	- 4			
	hat I taok charge							nspection 🔼			, and	find the
death resulted	from: Natural	causes 2	(), Acciden	t [_], Su	icide,	Hamicide	, v	ndetermined c	anse [_].		
ACTUAL /	0. 1	20	1 +	0 1.			_				DATE	SIGNED
SIGNATURE_A	leneau	clo	Skilar	elia)		IEF MEDICAL EX	_					
EXAMINER'S						ISTANT MEDIC	_	-			0/0	
	Benedict Sk					PUTY MEDICAL	-				960	
220. BURIAL, CREMATION REMOVAL (Specify	ON. 226. DATE THEREO	F	22c. NAME OF	CEMETERY OF	CREMATO	Y.	22d. LOCA	TION (City, tawn, o	or county)		(Sto	ie)
Burial	12/5/60			le Cer	netery			tstone,	Mary	land		
23. FUNERAL DIRECTO		22	ADDRESS				D BY REGIST					
Ruth E. S	TTCOX	Cumber	Land	Maryla	and	DATE D	EC 6 '	60 C.	Muy	8 Tha	us	

VS. A15ME(5) 5M 9/55



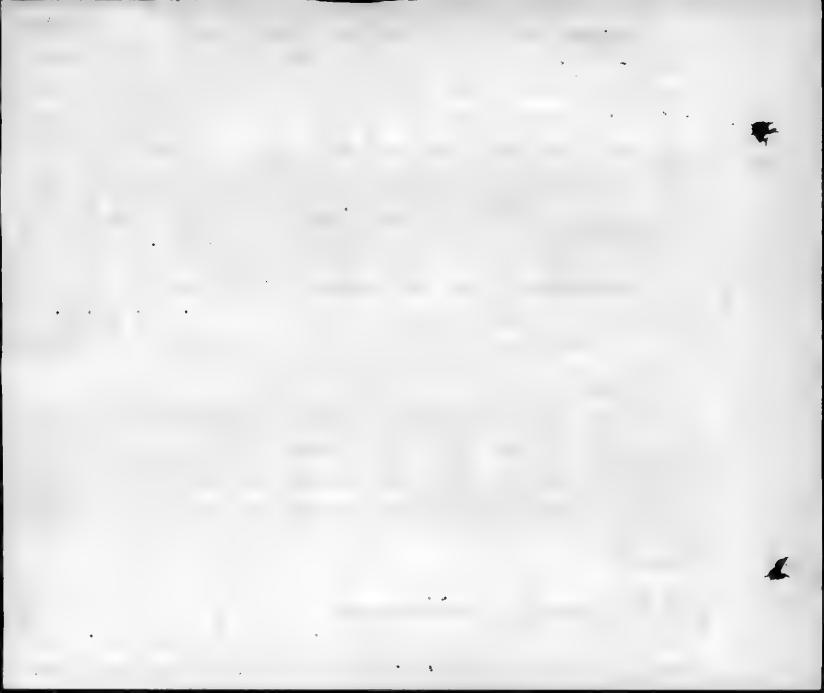
1	PLACE OF DEATH o. COUNTY Allege	anv		ı	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Red. STATE b. COUNTY 1.							Residence 1	dence before admission) Egal NY				
1	b. CITY OR TOWN (If Cumber Land	autside carporate limi	ts, write	c. LENGTH OF			c. city or town	_			ile RURA	At and g	jive neo	rest tawn)		
	or Institution	AL (If not in hospitol, g	ve street	address)			d. STREET ADDRE	_	nd .	Ave.		1	•		IDENCE FARM? NO:		
	3 NAME OF DECEASED	Fir		٨	Middle	1)	Last	- V	4. DATE OF		Month		Day	,	reor .		
	(Type or print)	Nora			O'Don	ne	11		DEATH	140	2	-de			9 60		
ı	5 SEX	6 COLOR OR RACE	7- MAR	RIED NEVER A	MARRIED 🔲	B. D	ATE OF BIRTH			9. AGE (In you			1 YEAR Doys	Hours	R 24 HRS Min.		
1	F	W	WIDOW	ED T DIV	ORCED	F	eb. 7,	<u> 18</u>	74	86	yrs	31,7,7,2	DOYS	110073	241111.		
100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSewife Owenhome 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Westernport, Md. USA												OUNTRY?					
ı	13. FATHER'S NAME					14	, MOTHER'S MAII										
	E	dward Dev	rine				Marg	are	t C	ostell	.0						
ŀ	15 WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURIT			MANT				Address						
	no	If yes, give war or dales of s	BLAICE,	none	Ma	rg	aret We	eak1	. nd	, Cambe	rla	nd,	1 1d				
ŀ	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1												TWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEA												DEATH				
	Conditions, if ony, winch gave rise to immediate cause (a), stating the under-lying cause last DUE TO (b) DUE TO (c)																
,	CATIC	PAIN II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO															
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJ	URY OCCURRI	ED. (E	nler noture af înju	ury in Pa	ırı I ar Pa	ırt 11 af item 18	.)						
	ZOC TIME OF INJURY Hour o.m., p. m.	Y Month, Day, Ye	While	Not while	L L	LACE :	OF INJURY (Home street, office bldg	e, form, g., etc.)	20f. (Cit	ty ar town)		{(County)		(State		
		t (1) (this haspital	21.6				h occurred af	172	d) d, from	the cause	-/	, 19 <u>6</u> an the	≥, the	at (I) (· stated	we) lasi abave.		
	22a. SIGNATURE	· 2(.)	Sen	, M.		M.D.	ATTENDING PHYS	MED	CTOR [STAFF PHYS				12/2	SIGNED		
	22c PHYSICIAN'S NAME (Type)	eo H. Le	, J	r. M	.D.		22d. ADDRESS 456 11.	Cer	ntre	St.,	Sumb	oer.	Line	1,	rd.		
	230 BLR AL, CREMATIO REMOVAL (Specify) BUT Lin	12-23-1		St. Pa			EMATORY Cellete			ation (city, to .berla.t			,	(Stat	e)		
Ì	24 FUNERAL DIRECTOR			ADDRESS			25a.	. REGIE	AY PEGIS	TRAR 25b.	REGISTR						
1	James F.	Scar, ell	i, 0	lumbe"l	and,	-d.	DAT		ner ini U	30	Litt	hun S	. The	4.4			



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

ľ	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. It institutions residence before admission) a. STATE 3.5							
J	Allegany	MARYLAND	Maryland Allegany							
	b, CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lewn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	give nearest town)					
ŀ	Oldtown Rd. * Near Cumberla		Cumberla	nd (Oldtown Rud)						
ı	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	otal, give street address)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?						
ļ	Oldtown Read				YES NO D					
ı	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year					
ļ	(Type or print) ANIA	LEONORA	OSTER	December 2	28 19 60					
ı	5. SEX 6. COLOR OR RACE 7. MARRIE	DOYS HOURS Min.								
	Female White WIDOWED									
١	100 USUAL OCCUPATION (Give kind of work done 10b. Kind during post of working life, even if retired)	IZEN OF WHAT COUNTRY?								
	nousewale (USA								
ı	13. FATHER'S NAME									
	Henry Boor									
J	15. WAS DECEMBER TO THE THE PROPERTY OF THE STREET OF SECURE OF SE	OCIAL SECURITY NO. 17. IN	TO MANAGE STATE	Address						
	No	None M	s. Harry Ra	ines, Balto, Pike, C	Md.					
1	181 CAUSE OF DEATH Enter only one cause per line f	or (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH					
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	CORUNARY OCC	LUSION		SU ÆK					
ı	The DUE TO									
ı	Canditions, if any, which) (b)	CORUMARY	SCLEROSIS							
ı	gave rise to immediate cause (a), stating the underlying DUE TO									
ı	cause lost. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NALDISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?					
					YES NO T					
1	PART II. OTHER SIGNIFICANT CONDITIONS CO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	ler nature of injury in Port	I or Port II of item 18.)						
	CAUSE OF DEATH.									
I	E 1,	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or town) (Cou	nty) (Stole)					
ı	Hour o, m, Yhile et wor	k ot work								
ı	21. I certify that I took charge of the r	emains described abov	re, held an Autops	y 🔲, Inspection 🔼, Inquir	y 🔼, and find that					
1	death resulted fram: Natural causes	, Accident 🔲, Suid	ide 🔲 , Hamicide	, Undetermined cause .	,					
1		11-1								
1	SIGNATURE T Seneduct Sh	starely)	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED					
1			ASSISTANT MEDIC	AL EXAMINER December	r 30. 1960					
1	EXAMINER'S Benedict Skitareli	c M.D.	DEPUTY MEDICAL							
f	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county)	(Slate)					
	Burial 12/31/60	Bethel Methodi	st Cem.	Bedford County, Pe	nna					
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'	D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE					
	John J. Hafer, Cumb	erland, Md.	DATE	AN 4 '61 Circling &	. Flores					
10										



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

o. STATE

Marvland

13275 CERTIFICATE OF DEATH

MARYLAND

Allegany

2. USUAL RESIDENCE (Where decrosed lived If institution: Residence before admission)

b. COUNTY

-	N.		
I director, filed with	(-	1 1 1
tely filed in by # funeral director, Pages I and 2. I'ld be filed with er death.	3	1	1
rely filled in Pages 1 and er death.			

hours

24

certificate

the death

PLACE OF DEATH

Allegany

a. COUNTY

- 4 37

cample papers. je 72 hours physician remave attending please any ģ permit signed burial-transit peen 075 E A

attending FUNERAL 0 0 VR A15 (4) 15M 9/59

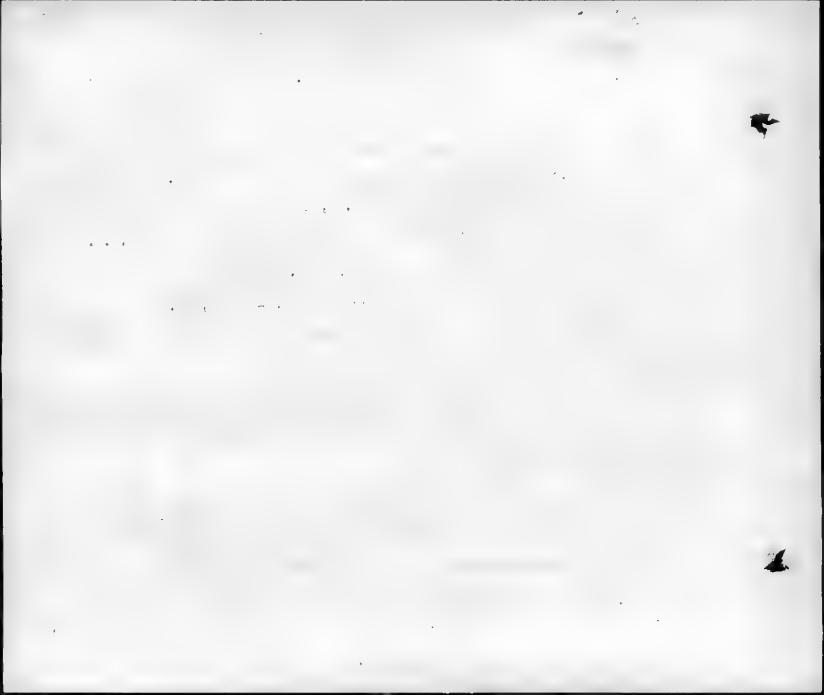
b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) TaVale Cumberland d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM Allegany County Infirmary Linda Way YES NO NAME OF Middle 4. DATE Month DECEASED December 60 Garland McGlure Paxton DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years last birthday) Manths Days Hours Male White WIDOWED DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY; 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Proprietor Bakery Cumberland Maryland U. S. A. Retired: Baker -13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Amon McClure Paxton Helen Frantz 17 INFORMANT P.O.BOX 599 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Cumberland. Md. Allegany County Infirmary records. No CAUSE OF DEATH [Enter only one cause per line for (a)-(b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) foctory, street, office bldg., atc.) Haur o m While Not while at work of work to 12/28/60, 19 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 9/8/60 saw the deceased alive an 12/28/6019 and had been been at saw the deceased alive an 12 _.M, fram the causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR X /60 PHYS TY 22c/PHYSICIAN'S 72d. ADDRESS NAME (Type) 49 Greene St., Cumberland, Md. McLean James page 3 sh the State m BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cumberland, Maryland Buria Sunset Park 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR Cumberland, Wayne George Maryland Orthon & House



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VR A1S (4) 15M 9/59

PLACE OF DEATH	llegany		MARYLAND	2. USUAL RESII	DENCE (Wh	ere deceased liv	ed. If institution b. COUNTY			ission)
	(If outside corporate limits	s, write	c. LENGTH OF STAY IN 16	c CITY OR I	OWN (If o	utside corporate	limits, write R	Alleg URAL ond give	3	wn)
	ITAL (If not in haspital, gi	ve street (82 Yrs	Bart			12-12-1		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Andrew	ł	Middle Pe	rman	t	4. DATE OF DEATH	Mon Dec.	th 17	Day 3	Yeor 19 60
s sex Male	10To 4 A A	7 MARR	HED NEVER MARRIED DIVORCED	Dec. 5,		9	AGE (In years lost birthdoy) 82 yrs.	Months Day		DER 24 HRS s Min
10g USUAL OCCUPAT	ION (Give kind of work d rking life, even if retired)	1	KIND OF BUSINESS OR IND Coal Mine	1	ACE (Stole land	or foreign count	ry)	12. CITIZEN		COUNTRY?
13 FATHER'S NAME				14. MOTHER'S						
IS WAS DECEASED BY	ER IN U. S ARMED FORCE	FC2 14	SOCIAL SECURITY NO. 17	INFORMANT	E. P	enman	Add	ress		
(Yes, no, or unknown)	(If yes, give wer or dates of se			Clarence	Perma	n-Barto				
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	DITIONS (ONTRIBUTING TO DEATH BE	IT NOT RELATED TO	THETERM	NAI DISEASE C	ONDITION GIV	FN IN PART III	DITIP WAS	S AUTOPSY
ATIO	THE STOTE OF THE S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LONG THE STATE OF	THO RELATED TO	/ TITE VERSYII	(44 DISEASE C	3,10,11,0,11,0,11	and the state of	PERF YES [ORMED?
(IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	2 0 Б. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	finjury in l	Port i ar Port II	of item 18)			
20c. TIME OF INJU Hour o m p. m.	IRY Month, Doy, Yea	r 20d. It While at wor	Not while	PLACE OF INJURY (octory, street, office	Home, form bldg., etc.	20f. (City or	town)	(Cour	nty)	(Stote)
21 I certify th	a (1) (this haspital)	attend	led the deceased from	She 12	12	60, 10 X	() re/2	2, 1960,	that ①	(we) last
saw the deced	ased alive an 🔑 1	12	19 6 a and that	death accurre	d ovu A	M, from th	e causes ar	id an the d	ate state	
220. SIGNASORE	Alliam	11.	La 1	M.D. PHYS		ED. RECTOR [STAFF PHYS	,	12%	PL DATE
22c PHYSICIAN'S NAME (Type)	VILLIA	M/	y Lesh	22d ADDR		enf	w	1, m		
230 BURIAL, CREMATI				OR CREMATORY		23d LOGATIO	N (City, town,	or county)		tote)
puriat	15-15-00	-	Laurel Hill		1	Moscow				/d.
24, FUNERAL DIRECTO	R'S SIGNATURE	1	Westernport	wa		D BY REGISTRA	T	STRAR'S SIGNA		



13272		1	3	2	7	2
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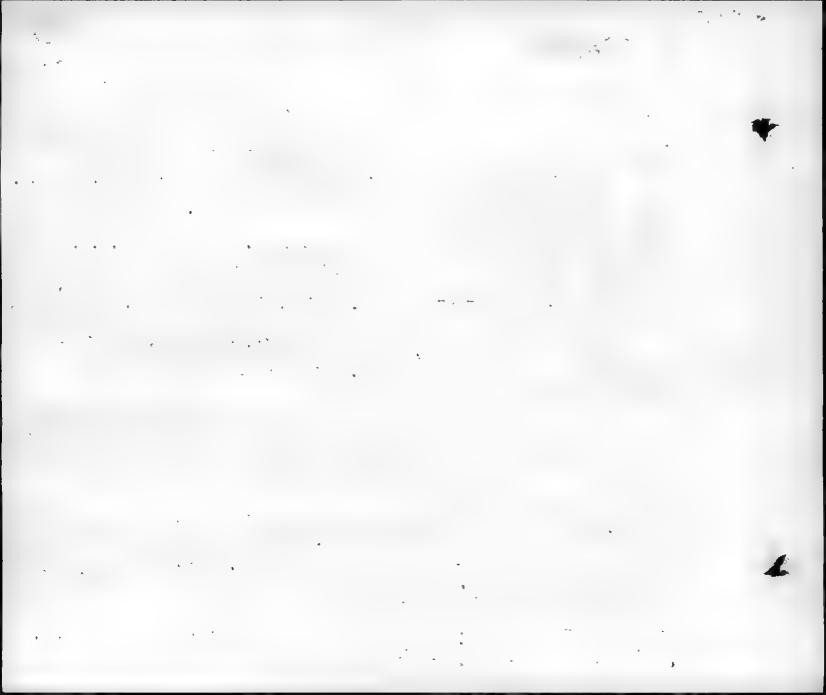
CERTIFICATE OF DEATH

an Dist No

	13310			CERTIFIC	~ !!	OI DEA				Reg. Di	st. No.			
PLACE OF DEATH		-					Where dece		d. If institution: Residence before admission)					
Alle	ganv			MARYLAND		Mary	hand	Ŀ	. COUNTY	A 7 7 .	gan	37		
b. CITY OR TOWN (f outs de corporate lim	its, write	c LENG	TH OF STAY IN 16		c. CITY OR TOWN (rporote lin	nits, write R				n)	
RURAL and give no			T4.	fetime	12	7) Pront	h							
d, NAME OF HOSPIT	IAL (If not in hospital,	give street	ر المراطن المالي (gddress)	recrue	-	d. STREET ADDRESS	Burna				1	e. IS RES	IDENCE	
OR INSTITUTION	Hospital		Í		120	135 McCu	lloh	Stre	eet				FARM?	
NAME OF		rst		Middle	-	Last	4. DA1		Mon	ıth	Day	,	Year	
(Type or print)	AMOS				PET	RDEW	OF DEA	тн	٦	9	9	0	19 60	
SEX	6. COLOR OR RACE	7. MARR	IED 🗆 N	EVER MARRIED	- 1	ATE OF BIRTH		9. AG	E (In years	IF UNDER	1 YEAR			
TI.IT	785	WIDOWE		DIVORCED [0	00 1000			birthday) 27 yrs.	Months	Days	Hours	Min.	
g. USUAL OCCUPATIO	ON (Give kind of work	1	-33			-20-1879	te ar foreia		31 /**	12 CIT	IZEN OF	WHATC	OUNTP:	
during most of worl	king life, even if retired	1)	_		JJIKI								OUITIKI	
Miner FATHER'S NAME			oal	Mines	Tyz	Artmes,	Pa		_		I.S.	Aa_		
					14	MOTHER'S MAIDEN		to.						
	Perdew					Emily Jo	ппгео	ΤŢ				1.5		
	R IN U. S. ARMED FOI (If yes, give war or dates of			ECURITY NO.		MANT			Add			ind .	**	
No	None	121	3-0	9-6449 Jo	hn	Perdew,	135	McCu	lloh	St.	, F:	rost	tbuz	
gove rise to i couse (o), stating lying cause lost. PART II OTH		:)	ONTRIBU	TING TO DEATH BU	T NOT	RELATED TO THE TER	RMINAL DISI	ASE CON	DITION GIV	/EN IN PAR	T 1(0) 15	PERFC	AUTOPS DRMED?	
												YES 🗌	NO 2	
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HO	W INJURY OCCURR	ED. (E	iter nature of injury i	in Part I or	Port II of i	tem 1B)				,	
20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. IN	VJURY O	CURRED 20e. F	LACE	OF INJURY (Home, fo	zrm, 20f. (City or tov	rn)	(1	County)		(Stote	
20c. TIME OF INJUR Haur a. m. p m.	19	While at work	k □ of v	ALLINE	octory,	street, office bldg.,	etc.)							
				177 2	/	20/17 . 1	22.	211	//	2				
1 31	at attended the	deceasi	ed fran		<i></i>	, 19/1/, ta	7	-7		rfhat I lo				
alive an	4.4	1960	LL,	and that deat	h oc	curred of 301					e date			
ACTUAL /	10 Amp	12	20				ADDRESS	(Street, c	g ar town,	state)		DAI	IE SIGN	
SIGNATURE	00/1/19	Char.			_M.D	· · · · · · · · · · · · · · · · · · ·	160	70	ung		12-	-2/	-/-,	
PHYSICIAN'S NAME (Type)	1110 Y	MCX	as	re mi	20		7/	M			~ ~		406	
O BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THERE		22c. N/	MÉ OF CEMETERY				CATION (City, town,	or caunty)		(Stot	le)	
Burial			St.			Come ter	y Fro	sth					Md.	
FUNERAL DIRECTOR	SIGNATURE	Haf e	r P	Mieral H	lome	24a. RE	C'D BY REC			STRAR'S SI				
Jeuleh H.	Moulesi	1 23	E.I	Main.Fro	st.	ourg DATE	JAN 5	'61	0	Star Julian	8. Tha	MA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 211 hours after death. Page 22 may be retained to the hospital or attending physician.

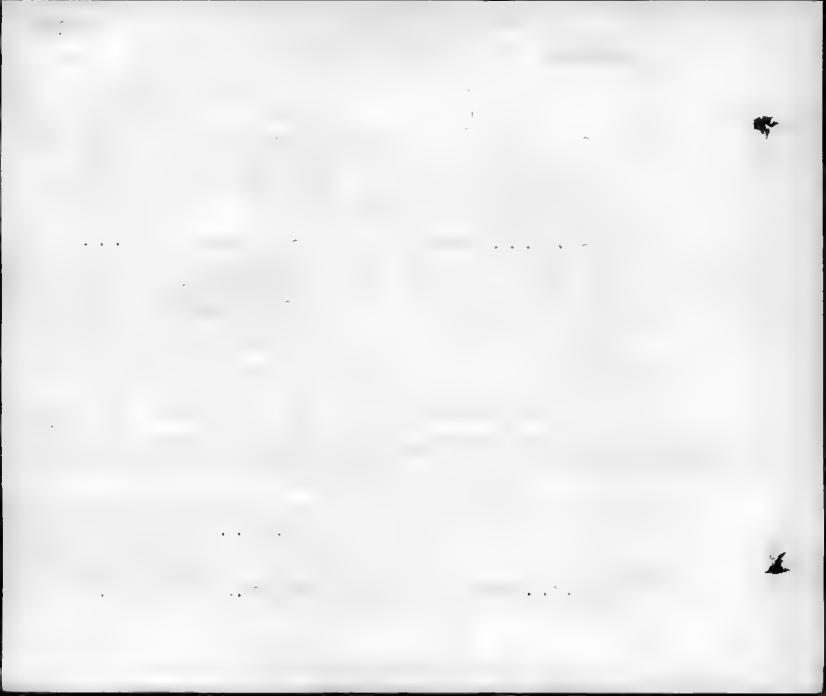
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete filled in by 124 funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2. Total be filled with the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death.



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- L													
		ALLEGANY	3210		MARYLAND	2. USUAL RESID O. STATE MARY	ENCE (Who	ere deceased li	b. COUNTY	n. Residen		imission)	
	Ь	. CITY OR TOWN (If RURAL and give ne	outside corporate limits arest town)	, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (IF or	ulside corporati	limits, write R	JRAL ond	give nearest	town)	
		CUMBERLAN	10		15 DAYS	CUMBE	-)					
	•	MEMOR I AL	HOSPITAL > V	HELION.	TAL' AND CK AVENUES	d STREET AT	MICHIGAN AVENUE				0	e. IS RESIDENCE ON A FARM? YES NO D	
27		NAME OF DECEASED Type or print)	RAYMONE		Middle S	POMER	_	4, DATE OF DEATH	DECEM	Month Day Year CEMBER 12 196			
	S. S	MALE	5.44.5.6 775.00	7. _{MARRIE} WIDOWED	DIVORCED DI	B. DATE OF BIRTH	_	397	AGE (In years lost birthdoy) 63 yrs.	Months		JNDER 24 HRS ours Min.	
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) DET IDED BODD Chinist USCA												IAT COUNTRY?	
į		RETIRE	YLAND	U	·S·A·								
13. FATHER'S NAME ZACHARIAH POMEROY ZACHARIAH POMEROY FLORENCE SPICKLER													
			IN U. S. ARMED FORC		OCIAL SECURITY NO. 17.1	NFORMANT			Addi	ess			
	1.44	No	. And divin over or remain or her	70	05-12-2279	MEMORIAL	HOSP1	TAL -	CUMBERL	ND,	MARYLA	IND	
		Conditions, if or gove rise to in couse (o), storing the lying couse lost.	n mediate DUE TO	('3	LUNG		ſ		Ciril		ONSET	AL BETWEEN	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOW											
	CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [2] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter nature of	Linjury.in P	ort Lor Port	of item 18.)				
	MEDICAL	20c, TIME OF INJURY Hour a.m. p. m.	Month, Doy, Year	white of work	Not white	ACE OF INJURY (Fictory, street, office			town)	(County)	(State	
		21. I certify tha	t (I) (this haspital)	attende	ed the deceased fram.		, 12		2/12			(I) (we) last	
			ed alive an	<u>} </u>	19 and that	death accurred	014:	M, from th	e causes an	d an the	e date sto	ATTENDED TO STATE OF THE PARTY	
	220. SIGNATURE ATTENDING MED DIRECTOR STAFF /2/									/12/	SIGNED		
		22c PHYS CIAN'S NAME (Type)	DR. S.G.	WEIS	MAN	59 GREENE ST., CUMBERLAND, MD.							
	23a	BURIAL, CREMATION	N, 23b DATE THEREOF	F	23c NAME OF CEMETERY				N (City, town,			(Stote)	
	_	Burial	12-15-6	0	Ros- Hill	Cem.			stown,				
1	24	FUNERAL DIRECTORS	SSIGNATURE C. SCATLE	lli	Curiberland,	d.	25a REC'I	BY REGISTRA	R 2Sb, REG	STRAR'S \$1	GNATURE		
10					, , , , , , , , , , , , , , , , , , , ,		DATE [EC 1 6 '6	01 6	155	8 4.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13274

13317

a. COUNTY	ALLEGAN	Y	MARYLAND	2. USUAL RESIDENCE o. STATE MAJ	(Where deceased RYLAND	b. COUNTY		
b. CITY OR TOWN RURAL and give FROM	(If outside corporate limit nearest town) STBURG	s, write	c LENGTH OF STAY IN 16 DOA		(If outside corporo	te limits, write R	URAL and give ne	earest town)
OR INSTITUTION	ERS HOSPIT	_	oddress)	d. STREET ADDRES		/ENUE		on a farm?
3. NAME OF DECEASED (Type or print)	ENOCH F	ut .	Middle B.	PRICHARD	4. DATE OF DEATH	DEC	. 20	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	D DIVORCED	8. DATE OF BIRTH	th,1866	AGE (In years lost birthdoy) 94 yrs	Months Days	Hours Min.
RETTRED"	FION (Give kind of work of the control life even it retired) MERCHANT		KIND OF BUSINESS OR INDU ARDWARE STO		ales	niry)	12. CITIZEN O	A
13. FATHER'S NAME	B. Prich	S or o				mia		
15 WAS DECEASED E	VER IN J. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO. 17 I	Mary NFORMANT	Ann Har		iress	
(Yes, no, or unknown)	(If yes, give war or dates of so	HTVICE}	I	rvin E. Fi	richard.	Frost	burg. 1	líd
Conditions, if gove rise to couse (o), stolin lying couse os	immediate DUE TO		Cor arterioler		N dese	ase		years.
CATIC			ONTRIBUTING TO DEATH BU				TEN IN PART I(0)	PERFORMED?
OR CONTRIBUT	WAS UNDERLYING NG CAUSE OF DEATH OF MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURR	tV. (Enter noture of injut	y in rom i or rom i	(OT ITEM 15)		
S 20c TIME OF INJI	10	Wh le		LACE OF INJURY (Home, octory, street, office bidg		r town)	(County	y) (Stat
21. I certify th			ed the deceased fram.					
saw the dece	ased alive an	CZ.Z	20 19 60, and that	death accurred at	//AM, fram t	ne causes ar	nd on the dat	te stated above
5	John B	3, 8	Davis.	M.D PHYS	MED.	STAFF PHYS		SIGNE
22c PHYSICIAMS NAME (Type		B,	DAVIS, M.D.	22d ADDRESS	ROSTBYK	9, M.	ARY/ANC	<i>f</i>
23a BUR AL, CREMAT REMOVAL (Speci	fy)	1-	23c NAME OF CEMETERY			ON (City, town,	• •	(Stote)
Eurlal	12-23-	60	F'bg.Memor			ostburg		lid.
24 FUNERAL DIRECTO	Juna 7	_	Enoathuna		REC D BY REGISTR DEL 276		ISTRAR'S SIGNAT	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 funeral director, may be retain 1.2. the haspital or ottending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in by 37 page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar removal, and in any event with 12 hours after death.

VR A15 (4) 15M 9/59



LV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law Equires that the deatl certificate be executed within 24 haurs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	13277	CERTIFICA	TE OF DEATH									
)	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY ALLEGANY									
	b. CITY OR TOWN (If outside corporate If RURAL and give nearest town) CUMBERLAND	imits, write c. LENGTH OF STAY IN 16	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG									
0	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION LAL HOSPI	, give street address) TAL	d STREET ADDRESS 39 CENTENNIAL	STREET e. IS RESIDENCE ON A FARM? YES NO								
	3 NAME OF DECEASED (Type or print) BE	RNICE P. Middle	RACE 4. DATE OF DEATH	DECEMBER 1 19 60								
	FEMALE 6. COLOR OR RAC	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	MARCH 2, 1917	AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS of birthday) Months Days Hours Min.								
1	during most of working life, even if retire Housewife	own Houseworl		12.CITIZEN OF WHAT COUNTRYS U.S.A.								
	WILLIAM SHUEY		PEARL BUSH									
	15. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no, or unknown) (If yes, give wer or dates	of cocure)	NFORMANT MEMORIAL HOSPITAL-CUM	Address BERLAND, MARYLAND								
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (s),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if only, which gave rise to immediate cause (a), stoling the under-lying couse lost. [c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19											
	The strong Kight 1457 - Nemarkage Cyst YES 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Pay) II of item 18.											
	20c TIME OF INJURY Manth, Doy. Hour a. m. p. m,	While Not white fo	LACE OF INJURY (Home, form, 20f. (City or actory, street, affice bldg etc.)	town) (County) (State								
	220 SIGNATURE 220 PHYSICIAN'S NAME (Type)	tal) attended the deceased fram	ATTENDING MED	e couses and on the date stated above 22b DATE SIGNED PHYS Dec 1, 1963								
	23a BJR AL, CREMAT ON 23b DATE THEIR	7-1960 F'bg. Memor	ial Park Frost	burg Md								
1	24, FUNERAL DIRECTOR'S SIGNATURE	A ADDRESS	250 REC'D BY REGISTRAN	25E CGISTRAR'S SIGNATURE								



VS. A15ME(S) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1397 MEDICAL EXAMINER'S CER

TIFICATE	OF DEATH	100
		Reg. Dist. No.

	1. 1	LACE OF DEATH	Allegan			MARYL	4310	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Maryland b. COUNTY Allegany									
1	Ь	. CITY OR TOWN	If autide corporale I mits, s	·	c. LE	NGTH OF STAY IN		c CITY OF					- 1-4		wa)		
)		Cumber	7)			35 yrs		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumber Land									
Ζ,	d		TAL OR INSTITUTION	(If not in	hospital, g			d. STREET	de destruction to	O L JUICA	110			e. IS R	ESIDENCE		
	D	.O.A. M	emorial :					Rt.	4, Cl	nrist	ie Rod	i k	YES NO				
	3. 1	NAME OF DECEASED	_	First		Middle		Los		4. DATE OF	Mor	ith	Day		'ear		
		Type or print)	Samuel	Alo		Rankin				DEATH	De		3		960		
	5. \$		6. COLOR OR RAC	E 7. MA	RRIED 🔼	NEVER MARRIED	_				9. AGE (In years lost birthday)	Months	R TYEAR	Hours	ER 24 HRS.		
		Male	White		WED 🔲	DIVORCED		lar.25			L to hu		Days	HOUSE	min.		
	10a. d	USUAL OCCUPATI Uring most of worki Letired	ON (Give kind of woring life, even if retires Carlan	k done 10	b. KIND O Rail	F BUSINESS OR IN	NDUSTR	ROUN	ACE (State	ar foreign	country)		USA		COUNTRY?		
	-	FATHER'S NAME	Ouriment		1044 21 22	2 0014		14. MOTHER'S			119 4.00		0.8044	~			
1	John W. Rankin Anna Litten																
Л	15. (Yes	WAS DECEASED EV	VER IN U. S. ARMED	ORCES?	16. SOCIA			FORMANT			Addre		_				
	4.44	yes	War I				Mrs	s. Sam	uel l	Ranki	n, Cumb	erlar	nd,	Mid -			
		18. CAUSE OF DEA	ATH [Enter only one o	cause per	ine for (a),	(b), and (c).]							INTE	VAL BETW	EEN ATH		
		PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(0)		CORON	ARI	Z OCC	LUSI	ON			S	UDD.	ËN		
		420	DUE T	0													
		Conditions, if		(b)		CC	ROI	VARY	SCLE	ROSIS	}				_		
		gave rise to imme (a), stoling the		0													
		couse lost.		(c)													
	TION	PART II, OT	HER SIGNIFICANT CO	MOITION	CONTRIB.	JTING TO DEATH	BJT NO	OT RELATED TO	THE TERMI	NALDISEAS	E CONDITION G	IVEN IN PA		PERFC	RMED?		
	₹ \$	20a, EXTERNAL CA	ICS WAS	20h DESC	DIDE WOW	TANILLAY OCCUPA	ED 15-	tor network of to	t- B	1 0 H	-5 (A 3R A			res 🔲	NO 🔼		
	CERTIFICATION	PRIMARY OF CO	NTRIBUTING [200. DESC	KIDE HOVE	INJURY OCCURR	ED. (EN	let udinte di in	ilini in Lou	I or Port II	or item (B.)						
	MEDICAL	20c. TIME OF INJU					PLAC	E OF INJURY (I	Home, form	20f. (Cit)	or town)	{Co	ounty)		(Stote)		
	MED	Hour o.m.			/hile I work 🔲	Not while of work	IQCIQI	y, silver, conce	biog., oic.	1							
		21. I certify t	hat I took chor	ge of th	e remai	ns described	obov	e, held an	Autopsy	y 🔲 , 1	nspection 🗵], Inqui	ry 🔼	and	find that		
		deoth resulted	i from: Natura	t cause	s 🔲 🦯	Accident .,	Suic	ide 🔲, H	lomicide	. □, U	ndetermined	couse [].				
			0		. X.	0 4	. ,							DATE	IIGNED		
		SIGNATURE /	Jenes	uch	- UK	Tarel	ie			AMINER [DAIR	HUNES		
4		EXAMINER'S	Danielia	4 01			r 7			AL EXAMINE		2 .	1060				
		NAME (Type)	Benedic						MEDICAL I	EXAMINER E		3, 1		,			
	١.,	REMOVAL (Specify	226. DATE THER			insete			e mle		tion (city, town			(Stat	e)		
	-	SUT LA L		000		DDRESS	-1.10.	глал Г		D BY REGIST		ISTRAR'S S	GNATU	PF .			
			. Scarre	11:	Caar	hanlund	7 7	ura.	DATEDE			what S.					
	<u> </u>	Ottmes 1	· DCarle	والمداد	OUI	DE LEUR	ا و ا	TQ .	DVIENT	, w							



256 REGISTRAR'S SIGNATURE

chilling & Head

25g. REC'D BY REGISTRAR

DATE

DEC 1 4 '60

L	19956	CERTIFICA	TIE OF DEATH		
1	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution. Res	idence before admission)
	a. COUNTY ALLEGANY	MARYLAND	o. STATE MARYLAN	D 6. COUNTY ALL	EGANY \
	b. CITY OR TOWN (If outside carporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	TT TO THE PARTY OF	utside corporate limits, write RURAL o	and give nearest town)
ii I	CUMBERLAND	I DAY	CUMBERL	AND	
1	d NAME OF HOSPITAL (MICHORSON Land	SP J.J.A.L.	d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	OR INSTITUTION TAL AND WAR	WICK AVES.	1107 VIRGI	NIA AVENUE	YES NO
3	NAME OF First	Middle	Last	4. DATE Month	Day Year
	(Type or print) DOROTH	Y D.	RAVENSCROFT	DE CEMBER	8 1960
5	SEX 6 COLOR OR RACE 7. A	AARRIED A NEVER MARRIED	B. DATE OF BIRTH		IDER TYEAR IF UNDER 24 HRS
		OWED DIVORCED	NOVEMBER 23.	1906 last birthdoy) Mont	ths Days Hours Min.
1	On USUAL OCCUPATION (Give kind of work done duppe most of working life even if retired)	10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	HOUSEWIFE'S RESTAUTEN	t Ownhome	WEST VIR		U.S.A.
1	3. FATHER'S NAME	01111101110	14. MOTHER'S MAIDEN N		
	SYLVESTER BENNETT		MARY HAYWO	00	
淔	S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address	
4	(Yes, no, or unknown) [If yes, give war or dates of service)	235-30-07331	MEMORIAL HOSPI	TAL - CUMBERLAND,	MARYLAND
F	18. CAUSE OF DEATH [Enter only one cause p			٧.,	INTERVAL BETWEEN
Т	PART I DEATH WAS CAUSED BY.	A1401	en ides	lake hadit	ONSET AND DEATH
1	IMMEDIATE CAUSE (o)	7.6		To be the me	
1	Conditions if one white			1	
	gove rise to immediate (
	lying cause lost.				
1	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPS
	PART II. OTHER SIGNIFICANT CONDITION	w 14/ 1 4 6.1			PERFORMED?
	200. ACCIDENT WAS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Port II of item 1B }	
i i	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20		LACE OF INJURY (Home, form		(County) (State
6		hile Not while bark of work	octory, street, office bldg., etc	.)	
1			De 6 10	€, lo	10 61 (About 11) (con 1)
	21 I certify that (I) (this haspital) at saw the deceased alive an			M, from the causes and an	
ı	220 SIGNATURE	IP_@C r and that	death accurred artis	w, from the causes and on	22b, DATE
	Still State	11	M.D. PHYS DI	ED STAFF RECTOR D PHYS D.	SIGNE
	22c PHYSICIAN'S	1 (1)	22d. ADDRESS	March La .	1 15500 000
	NAME (Type) DR. HIMWELWR!	GHT	1/1/26	water year a gen	My Calling
7	30 BUR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown, or cour	nly) (Stote)
	REMOVAL (Specfy) Burial I2-II-60	Sunset Re	morial Park	Cumberland, d	

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
James F. Scarpelli Cumberland, d.



arthur & Trays

within 24 hours after death. Page 4

FUNERAL DIN es. page the Sta

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VR A15 (4)

15M 9/59

MEDIC AL

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 zc. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest fawn) CUMBERLAND DAYS LONACONING. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION TAL HOSPITAL ON A FARM? I3 W. MAIN STREET YES NO X NAME OF First Middle 4. DATE Manth Year DECEASED JAMES B. R. RITCHIE DECEMBER 60 DEATH (Type or print) 19 IF UNDER TYEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours DIVORCED | MARCH MALE WHITE WIDOWED | 50 yrs 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) PLUMBER EMPLOYED U-S-A-LONACONING. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN RITCHIE JANET REED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL -CUMBERLAND, MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART 1: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY PERFORMED? YES NO 7 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part L or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat while at wark at wark p. m. 1966, that (1) (we) last 21 | certify that (1) (this hospital) attended the deceased fram from the causes and an the date stated above 1960, and that death accurred at saw the deceased alive an 22a, SIGNATURE 22b DATE SIGNED STAFF M.D. PHYS 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) W. VAN ORMER Α. BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Iown, or county) (State) REMOVAL (Specify) 0/1960 Memorial Frostbute LONACONING, MD. 256, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR EC 1 5 '60

DATE

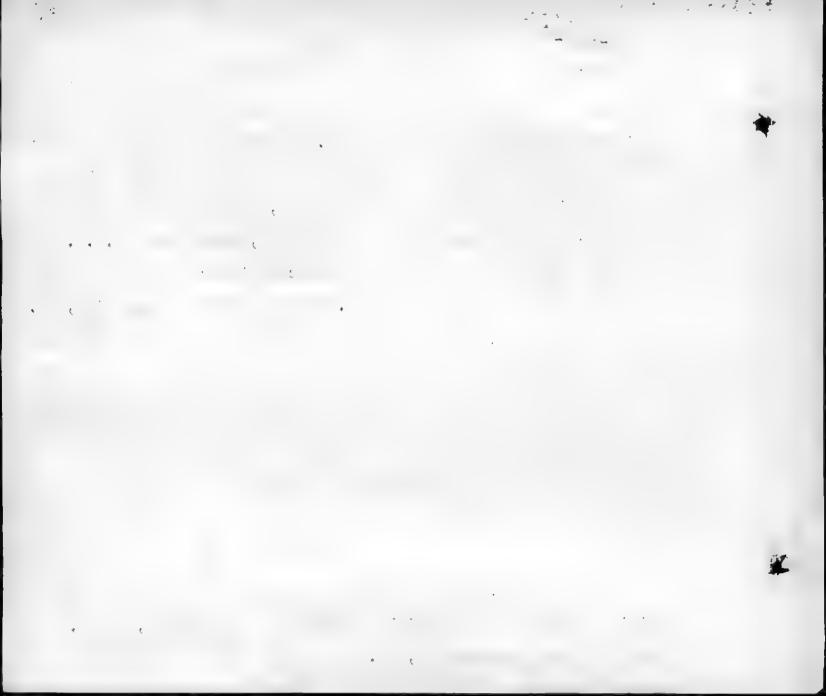


1901) CERTIFICATE OF DEATH	
1. PLACE OF DEATH D. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission on STATE Maryland b. COUNTY Allegany	n}
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Frostbure C LENGTH OF STAY IN 16 Lonaconing	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION d. STREET ADDRESS e IS RESIL	ENCE ARM? NO 1
	60
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOVEMBER 19,1888 9. AGE (n years left) November 19,1888 9. AGE (n years left) November 19,1888 72 yrs	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done dupper most of working ife even if retired) Own Home 11. BIRTHPLACE (Stole or foreign country) Lonaconing, Maryland U.S.A.	UNTRY?
13. FATHER'S NAME	
George Staup Rebecca Miller	
1S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 0 unknown) (If yes, give wor or dates of service) none Mrs.Edward Powell Lonaconing.	Md.
PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under: Tying cause lost. (c)	EATH LVC3
PAM I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A PERFOR YES 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of wark 19 of work 19 of	(Stote)
21 I certify that (I) (this haspital) attended the deceased fram	abave.
220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED STAFF PHYS DIRECTOR DIR	DATE S GNED
230 BURIAL, CREMATION 23b DATE THEREOF Dak Hill Cemetery 23d LOCATION (City, town, or county) (State) NAME OF CEMETERY OR CREMATORY Lonaconing, Md.	
George Eichhorn Lonaconing, Md. 250. REC'D BY REGISTRAR'S SIGNATURE CLithur S. Frank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DI ACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 27, Aid be filled with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 22 hours after death. VR A15 (4) 15M 9/59

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VR A15 (4) 15M 9/59

M	AR	RYL	AND	STATE	DEP	ART	MEN'	T OI	HE	Αl	.TH	
v i	OF S	TAT	ISTICAL	RESEARCH	AND	RECO	PDS	RAITI	MODE	1 1	MA DVI	

DIVISIO

CERTIFICATE OF DEATH 13281

13280

1	1, PLACE OF DEATH o, COUNTY AT T TOGASTY	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased tived. If institution	and a second district
ŀ	b, CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If my	V IRGINIA Itside corporate limits, write RU	HARDY RAL and give negrest lawn
	RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital give street	30 DAYS	BURAL d STREET ADDRESS	L MOORE	e. IS RESIDENCE
	OR INSTITUTION	order caay	d Jintel Appared	7 6	ON A FARM?
	- SACRED HEART HOSPITAL				
	3. NAME OF First DECEASED	Middle	iosi	4. DATE Month OF DEATH DESCRI	
ŀ	(Type or print) ODESSA 5 SEX 6 COLOR OR RACE 7, MARS		ROBTRISON	TO TO THE	FUNDER 1 YEAR IF UNDER 24 HRS
	THE REAL PROPERTY OF THE PROPE		8. DATE OF BIRTH	Jost birthday)	Manths Days Hours Min
-	FEALE WHITE WIDOW	Aut 7	MARCH20, 190		10
-	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDU:	STRY , 11. BIRTHPLACE (State of	ir tareign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEVIFE		WEST VIR		
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME	
١	DAVID CRITES		AGATHA		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wer or deter of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT	Addre	SS
	-10 - 20 3j	19-22-4883	PATIENTS CHAR	T	
1	18. CAUSE OF DEATH [Enter only one cause per lie	ne far (a), (b), and (c).]	1 16		INTERVAL BETWEEN
Л	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a).	hour Hyd	eastilles!	retteren un	
	DUE TO				
	Canditions, ineny, which				
	gave rise to immediate Couse (a), stating the under-				
	lying cause last.				
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(d) 19, WAS AUTOPSY PERFORMED?
	PART 81. OTHER SIGNIFICANT CONDITIONS O				YES NO D
		CRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in P	art I ar Part II of item 18)	
	20c. TIME OF INJURY Manth, Day, Year 20d. Il Haur a. m. White at war	Not while 20e. PL	ACE OF INJURY (Hame, form, stary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	p. m. 19 at war	TADL MUIG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21. I certify that (1) (this haspital) attend	led the deceased fram	12.	50.10 12-30	2, 19 56 that (I) (we) lost
Н	saw the deceased alive an 12-3	12 1-1	10.65	M. from the causes and	an the date stated above.
	220. SIGNATURE		12:1	5 AM	22b, DATE
	L.J. Latin Man	X/	M.D. PHYS. DE DIR	STAFF PHYS	1-2 SIGNED
	286 PHYSICIAN'S	17	22d ADDRESS		
	NAME (TyJames T. Johnson Ji	., M.D.	16 GREEN	E ST, CUMBERLA	m, id.
	230 BURIAL, CREMATION 236. DATE THEREOF	230 NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, ag	Épunty) (State)
	BREMOVAL Specify! 1-1-61	Olimot		Martolioko	1 1/10/
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'E	BY REGISTRAR 256 REGIST	MAR'S SIGNATURE
	Mitrusket Finat al Hames	Markeles	J-7-76 DATERN	4. 161 / Cull	ur. S. Kroud
1	Au Erall a Miles	/ //	1-11-11-11		
	134 QUELL IN INCRUARY	. /			

2.

	0606		Reg. Dist. No.						
1. PLACE OF DEATH o. COUNTY Allegany		MARYLANI	I on STATE-s	DENCE (Where a			esidence before		
b. CITY OR TOWN (If outside c		c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If outside	e corporate lim	ils, write RURAL	ond give near	est town)	
RURAL and give nearest town Cumberland)	60vrs	O'Cumbe	erland					
d NAME OF HOSPITAL (IF not OR INSTITUTION IS USEK ST	in hospitol, give stree		d STREET				•	IS RESIDENCE ON A FARM? YES NO S	
3. NAME OF	First	Middle	lo	u 4.	DATE	Month	Day	Year	
OECEASED (Type of print) Geor	ar o	A. Robine			OF	ec. 6.	00)	1960	
UCUL		RRIED 3 NEVER MARRIED			9. AGE	(In years IF U	NDER 1 YEAR	F UNDER 24 HRS	
7.5		WED TO DIVORCED	Feb. I		lost 72		nths Days	Hours Min	
100. USUAL OCCUPATION (Give k	13						2 CITIZEN OF	WHAT COUNTRY?	
RetiredJanito	ren if retired) ,	Textile Mill		ord Coi			USA	THE COUNTY	
13. FATHER'S NAME			14. MOTHER:	MAIDEN NAME					
Wesley Ro	binette			Mary (Joss				
15. WAS DECEASED EVER IN U. S. [Yits no or unknown] (If yes, give to	one or deless of services !	6. SOCIAL SECURITY NO 17 814-05-9051	Viola R	obinett	te I8	Address Oak St			
Conditions, if only which gave rise to Immediate couse (a), stoting the underlying couse lost.	DUE TO (c) FICANT CONDITION: YING (1) 20b DI OF DEATH	Scontributing to DEATH E						WAS AUTOPSY PERFORMED? YES NO [5]	
20c. TIME OF INJURY Month,	Day, Year 20d.		PLACE OF INJURY foctory, street, office		Of. (City or tow	n)	(County)	(State)	
220 BURIAL, CREMATION, 22b. (2. Durre	Surrett	nth accurred at M.D. <u>23</u> 6 r jinia A	II:IOM Va Čev ve. Cu:	t, from the RESS (Street, cit 2 Common the C	couses and y or lown, state	an the date	w the deceased a stated above. DATE SIGNED	
PEMOVAL (Specify)	-3-60	Sunset Mer				and Md		(31016)	
23. FUNERAL DIRECTOR'S SIGNAT		ADDRESS	er ent de mention de de	24a. REC'D BY		24b. REGISTRAI			
James F. Scal			1		0 100				

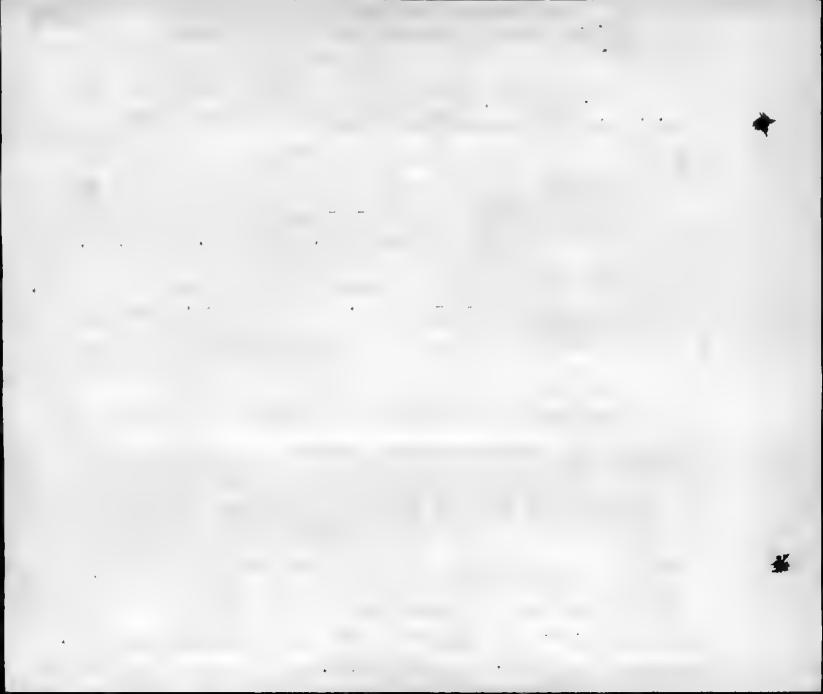


		LACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased	Llived. If Institut	ion: Residence b	fore admission)
/	°	COUNTY A11	egany		MARYLAND	o. STATE Mary	land	b. COUNTY	Allega	any
	Ь	. CITY OR TOWN (if a and give nearest town)	utside corporate limits.	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside corpor	rate limits, write l	RURAL and give	neorest town)
		R.D. #7	rostou	irg, Ma.	7	Rural	Fino a th	1170 (7		
	H a			N (If not in hos	pital, give street oddress)	d. STREET ADDRESS	THE OWNER	MILE		a. IS RESIDENCE
					, , , , , , , , , , , , , , , , , , , ,	8				YES NO W
	=					Shaft_				
		NAME OF DECEASED		Find	Middle	Last	4. DATE OF	Month	1 Boy	Year
			AYNARD			ROGERS	DEATH	Noce	- L.C.	1966
	5. S	EX	6. COLOR OR RA	CE 7. MARRIE	ED 🖫 NEVER MARRIED 🔲	I. DATE OF BIRTH	٩	AGE (In years last birthday)	Months Days	Hours Min.
		M	W	WIDOWE	DIVORCED [7-17-1909		51 yrs.	Mightine Doys	FFOORS MIN.
	10o.	USUAL OCCUPATION	N (Give kind of w	ork done 10b. K	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State	or foreign cou	ntry)	12. CITIZEN C	F WHAT COUNTRY?
	_	aker	1 11102 0 0011 11 101111	Fro	stburg Bake	ry Mt. Say	rage,	Md.	U.S.	Α.
	_	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME			
		William	Rogers			Ellen Bro	ode			
	15.	WAS DECEASED EVE	R IN U. S. ARMED		SOCIAL SECURITY NO. 17. I	NFORMANT		Address		Id.
	(Yes.	3.5	(If yes, give war or date	ns of service)	17-10-4955 M	rs. June Re	ogers.	R.D. SI	haft.Fr	costburg.
	-	18. CAUSE OF DEATI	None			7	/			RYAL BETWEEN.
	П		WAS CAUSED B		M. And the	x+ 20-	6	_	ON	ET AND DEATH
-			MMEDIATE CAUSE		Juniary,	1 Kreans	core	7		Maar
	ΝI	TAG	₹ DUE	to /	1.0	6.1/2.				27
,	ľ	Conditions, if on		[b]	nonary	decero	24			
	Н	gove rise to immedi (a), stating the ur		TO						
		couse lost.)	(c)						
	징	PART II. OTHE	R SIGNIFICANT C	ONDITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INALDISEASE (CONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION									YES NO
	Ĕ	20g. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.	SE WAS	20b. DESCRIBI	HOW INJURY OCCURRED. (Enter nature of injury in Por	t I or Port II of	stem 18.)		
	E E	CAUSE OF DEATH.	IKIBUTING L							
	3	20c. TIME OF INJURY	Month, Day,	Year 20d. 1	NJURY OCCURRED 200. PLA	CE OF INJURY (Home, form	. 20f. (City o	r lown}	(County)	(Stote)
	WFDICAL	Hour e, m,		19 While	Not while fact	ory, street, office bldg., etc.	9			
	~		at I took sho		remoins described abo	ve held an Autone	v 121 les	pection IX	Inquiry 5	, and find that
				. 49	-C					I, and ring mor
		death resulted	Trom: Noto:	of causes	S, Accident [], Sui	icide 🔲, Homicide	:, Und	setermined co	ouse .	
	Ш	ACTUAL /	118	7.110	10					DATE SIGNED
		SIGNATURE	W/Y		Lune	M.D. CHIEF MEDICAL EX		_	1000 -	4
5.		EXAMINER'S NAME (Type)	0.0.	11/6	LANEMO	ASSISTANT MEDICAL			1960	7
94	220	BURIAL, CREMATION	, 22b. DATE THE	REOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	ON (City, town, o	r county)	(Stote)
	В	REMOVAL (Specify)	12-31-	60	Frostburg M	emorial Par	ek Fra	stburg		า// ล
1	-	FUNERAL DIRECTOR'S		Hafer	Funeral Hom		D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNATE	RE
7.	130	mobile H. Lu	Coulesing	23 E.	ain Frostbu	_	15N 3 '6	a	Thur S. H.	AULA

1 INTIVITY MEDICAL EXAMPLER: This certificate should be executed within Inhaurs ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be farwarded to be Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the registrar prior buriot, crematian, or removal.

VS. A15ME(S) 5M 9/55



5M 9/55

Reg. Dist. No.

14572

	a. COUNTY A1	legany		MARYLAND	e. STATE Maryland b. COUNTY Allegany							
b	ond give recipil town Cumb	erland	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	'	porale limits, write	RURAL and gi	ive negrest	lown)		
d	703 Lafay	,	f nat in hos	pital, give street address)	d. STREET ADDRESS 700 I	afayet	te Ave		01	RESIDENCE N A FARM2 NO 14		
	NAME OF DECEASED (Type or print)	BARTON BARTON	t	LOUIS	RUBY	4. DATE OF DEATH	Month 12		26	Year 19 60		
5. S	Male	White	WIDOWED	DIVORCED [May 17, 1889		9. AGE (In years tout-buildoy) yrs.	Months Da		Min.		
Ä	one C.A. (B	N (Give kind of work of life, even if retired) () Retire		ind of Business or INDUST 8:0 Railroad	Monroe Tov					t COUNTRY		
13.	Marian R	u by			14. MOTHER'S MAIDEN Mary E							
	WAS DECEASED EVER	R IN U. S. ARMED FOR It yes, give wer or dates of a WI	CES? 16. :	SOCIAL SECURITY NO. 17. 11 14-05-62567	Ves Scott	mill	Par alla	aire	elle.	Pa		
	, PART I. DEATH	f Enter only one could was Caused BY: MMEDIATE CAUSE (o)	e per line (for (a), (b), and (c).] CORONAR	Y OCCLUSI	ON	<i></i>		SUDI			
	Canditians, if any gove rise to immedi (a), stating the ur	ate cause (COR	ONARY SCL	EROSI	SK			•		
CATION			PITIONS CO	PATRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MNAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. WA: PER! YES	S AUTOPSY ORMED? NO 👗		
L CERTIFI	20g. EXTERNAL CAUS PRIMARY gr CONT CAUSE OF DEATH.	TRIBUTING [». DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt For Port II	of item 18.)					
MEDICA	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yea	20d. 1 While at we	INDI WINIE	CE OF INJURY (Home, for ory, street, affice bldg., etc	n, 20f. (City	or lawn)	(Count)	r)	(State)		
				emains described abo], Accident [], Sui			spection 🔀 determined c		M. and	find that		
	ACTUAL SIGNATURE	inedal	Sh	tarelis	_M.D. CHIEF MEDICAL E	-	· 🗖		DATE	SIGNED		
	EXAMINER'S B	ENEDICT S	KITA	RELIC. M.D		_		MBER	26,	1960		
	BURIAL CREMATION REMOVAL (Specify) Burial	1.2-29-6		22c. NAME OF CEMETERY OR	CREMATORY Burisl Park		ion (City, town, o			ote)		
23.5	JOHN T		, (address enwerlan	Date DATE	P BY REGISTI	51	TRAR'S SIGNI				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



-	ALLE	GANY		MARYLAND O. STATE					b. COUNTY	LEGANY ALLEGANY				
1	RURAL and go CUME		ni	write	ELENGTH OF STATE		c.	CUMBER			rote limits, write R	URAL and give	neore	st ławn)
	OR INSTRUME	深TAU H RIAL &	OSPHTAL WARW I C	K AVE	ldress)		1	140 AR		ST.				IS RESIDENCE ON A FARM? YES NO TO
Ĭ	NAME OF DECEASED (Type or print)		First BA	BY BO	OY SAVILLE	_		Last		4. DATE OF DEATH	DECEMBER		Doy 7	Year 1960
S S	MALE	6. COLO	VIDOWED	DECEMBER 17,1960				9. AGE (In years last birthday) yrs	Months De	ays	Hours 45			
100	during mast of		ine 10b K	none CUMBERLAND, MD.										
13.	FATHER'S NAME				14	MOTHER'S M.		_						
TEDDY J. SAVILLE SHIRLEY HANNAS 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address														
(Yes, no, or unknown) [If yes, give wer or dates of service] none MEMORIAL HOSPITAL, CUMBERLAND, MD														
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — le da C													
	gave rise t cause (a), stat lying cause I	ing the <u>under</u>	e DUE TO	11.	fareli			much	de)'.3'	locat	· c		
CATION	PART II	OTHER SIGN	FICANT COND	ITIONS CO	DINTRIBUTING TO DI	EATH BUT	NOT	RELATED TO T	HE TERM	MAL DISEAS	E CONDITION GIV	EN IN PART I		WAS AUTOPS PERFORMED? YES NO [
MEDICAL CERTIFICATION	200 ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING CAUS	E OF DEATH	ЮЬ. DESCI	RIBE HOW INJURY (DCCURRE) (Enl	er nature of i	njury in	Part 1 or Par	t II of item 18.)			
20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a, m. 19 While Nat white at wark at wark at wark											(Sta			
	21 1 certify that (I) (this hospital) attended the deceased from 17 2 , ta 1,													
	saw the dec	eased aliv	e on 1 1	2 = 1	19 6 7 and	d that d	leath	ATTENDING PHYS	# 6:3	ED RECTOR	STAFF	id on the c	late s	stated abay 22b.DATE SIGN
22c PHYSICIAN'S NAME (Type) DR. WHITWORTH								22d. ADDRESS Cum		land,	Md. 12	3 1 ed	for	d St.

BUR AL, CREMATION REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) 12-19-1960 Salem Cenetery ille, " VE 24, FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR C Thur & Kraus James F. Scar, elli, Camberland, ad. DEC 2 2 160 DATE

VR A15 (4) 15M 9/59

page 3 shauld ae the State Board of TO FUNERAL DIES TO HOSPITAL OR

Gliedor.

in by the

remove carbon popers. Pages 1 Thin 72 hours ofter death PLACE OF DEATH

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

OR: After this certificate has been signed by the ottending physician and completely filled

Then please

Health prior to burial, cremation, or remayal,

as the burial-transit permit.

detached for use



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH COUNTY ALLEGANY		MARYLAND	2 USUAL RESIDENCE 0. STATE MARYI AN	(Where deceased	lived. If institution b COUNTY	ALLEG	before admission)
-	b. CITY OR TOWN (If outside corp.	orate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporo	te limits, write RU	RAL and give	negrest town)
1	RURAL and give nearest town) CUMBERLAND		75 DAYS	CUMBERL		e ^r	· 1	
-	d. NAME OF HOSP TAL (If not in h	ospital, give street		d. STREET ADDRES				e IS RESIDENCE
	MEMORIAL & WARW	lak Hoss!	TAL,	217 GL	ENN STRE	ET		YES NO X
3	NAME OF DECEASED	First	Middle /)	Lost	4. DATE	Month	3	Day Year
	(Type or print)	WILLIA	M GNaha	m SCHELL	DEATH	D-e		20 1960
	S. SEX 6 COLOR C	R RACE 7. MARP	RIED NEVER MARRIED	B DATE OF BIRTH	9	AGE (In years last_birthday)	Months Do	
L	MALE WHIT	E WIDOWI	ED 🔀 DIYORCED 🗌	NOV. 10,189	90	70 yrs.	Monins Do	ays Hours Min
Ī	Oa. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (S	State or foreign cou	intry)	12 CITIZE	N OF WHAT COUNTRY
	Witnest Busine	/	3+0 Karlo	FROSTBU	JRG, MARY	LAND	U.	S.A.
1	3 FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
L	WILLIAMSCHE	LL		MARY GR	RAHAM			
	S. WAS DECEASED EVER IN U. S. AR		SOCIAL SECURITY NO. 17	INFORMANT		Addre	233	(1
1	(i set give wor (or dates of service)	5-09-2597	Endyn	5 Sche	1 9417	dlac	Cempe dion
F	18. CAUSE OF DEATH (Enter on	ly one couse per li	ne for (o), (b), and (c)]	9,7	12:01	2		INTERVAL BETWEEN
ı	PART I. DEATH WAS CAU		kees ander	er, lef	Ly to	1.01		3
ł	1/63X	DUE TO		-		/		
	Conditions, if ony, which	(b)			-	_ /		-
	gove rise to immediate couse (a), stating the under-	DUE TO	2 12					
1	lying couse lost.	(c)		- Contract of the Contract of				
	PART II OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	N IN PART I	(6) 19. WAS AUTOPSY
	Ŝ				+ -			PERFORMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	IG □ 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injur	y in Port I or Port I	II of item 18.)		
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION OF THE CO	MINER)						
	20c. TIME OF INJURY Month,	Doy, Year 20d. 1		LACE OF INJURY (Home,		or town)	, (Cou	unty) (Stote
	20c. TIME OF INJURY Month,		NOT WITTE	octory, street, affice bldg.	-olc.) (-olc.)	refer the	//	200 100
1	•		<u> </u>	10/1/1/10	10 45	2/20/11	10	ALSO ON A COLOR
ı	21 I certify that (I) (this h	· // // // /		death accurred	19ta //	/ /		, thát (1) (we) las
Т	saw the deceased alive a	12/17/	orbeits , and that	death accurrences	L	ne causes and	on the o	226/DATE
Т	11178	C. 11:	1	M.D. ATTENDING	MED.	STAFF PHYS		SIGNE
Т	220 PHYS CHAN'S	7	Theres	22d. ADDRESS	DIRECTOR L	.,,,		12/26/26
	NAME (Pypé)	MARO LE AN	PELATAMS 7	122 500	TH CENTRI	E ST CI	UMBERL	AND .MD .
-		E THEREOF	23c. NAME OF CEMEJERY			ON (City Jown, o		(Stote)
	REMOVAL (Specify)	00 22 101	Kise Hill	l'Cemple,	- (well.	f and a	i 7/
-	24. FUNERAL DIRECTOR'S SIGNATURE	7,776	ADDRESS .*	of A 250°	TEC'D BY REGISTR	AR 25b REGIS	TRAR S SIGN	IATURE
1	76 7	still on	10.1	1910	DEC 5 7 16		11 - 8	

TI HESHITAL OR ATTENDING FLYSICIAM: The tow requires that the death certificate be executed within 24 Bours after death. Page 4 funeral director, d be filed with y the haspital ar attending physicion. NOR: After this certificate has been signed by the attending physician and campletely filled in by the detached far use as the burial-transit permit. Then please_cemave carban papers. Pages 1 and 2 s Then please camove carban papers. Pages I and event within 72 hours after death.

page 3 shoud we detached for use as the burial-transit permit. Then ples the State Board of Health prior to burial, cremation, ar removal, and in ag

may be retained

VR A15 (4) 15M 9/59





VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

I	3	2	8	0	

			1.4284	`	9=1(11111	9/112	91					
1	1 PL/	ACE OF DEATH	TOWO					ENCE (Where	deceased lived.	If institution: Re	sidence before	admission)
	0. (COUNTY	Allegany	r	MARYLA	ND '	S. STATE	faryla	nd b	COUNTY A	llegan	Ŋ
ì			f outside corparate limits, s	write c LENG	TH OF STAY IN	16	c. CITY OR TO	OWN (If outsid	le corporate lin	nits, write RURAL	and give near	est town)
ı		Cumber]	And the second s	10/	28/60		AC C	umber	land			
1	q		At (If not in hospital, give	street address)			d. STREET AC	DDRESS		422	е	IS RESIDENCE ON A FARM?
l			llegany Co	ounty I	Infirma	ry	10	ldtow	n Road	-Grand	Ave	YES NO A
I		LME OF CEASED	First		Middle		Last	4.	DATE OF	Month	Day	Year
ı		pe or print)	Bessi	Le	Jano	Sch	wenni	nger	DEATH DE	cember	22,	19 60
	s. sex	(6. COLOR OR RACE 7.	MARRIED N	EVER MARRIED		TE OF BIRTH		9. AG	E (In years IF UP birthday) Mon		F UNDER 24 HRS
1	F	omale	White w	IDOWED 🗌	DIVORCED [<u> </u>	/20/1	L879	81	birthdoy) Mon	Days	ridurs min.
	10a L	JSUAL OCCUPATION TO WORLD	N (Give kind of work don- ing life, even if retired)	e 10b. KIND OF	BUSINESS OR I	INDUSTRY	11 BIRTHPLA	ACE (State or fo	oreign country)	_]12	CITIZEN OF V	VHAT COUNTRY
		Housew:		Own I	Home					Maryla	nd U.	S. A.
1	13. FA	THER'S NAME	Leonge IJ C	machan		14		MAIDEN NAMI		•		
1			eorge W. S	only det.				7 E. M				
			R IN U.S. ARMED FORCES (If yes, give war or dates of service		ECURITY NO			·Box				and, Md
		no		none	e	Alle	gany	Count	y Infi	rmary	record	ls
	18	CAUSE OF DEA	TH [Enter only one couse	per line for (o);	(b), and [c).]			1.	+			VAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chr	conce.	1	YSE	artle	145		OIVE	*
		573	DUE TO	0		0	le y	<i>-</i>	0	2		5
ı		Conditions, if a		91	ulra	el	ark	4160	celr	ools,		,
4		gave rise to i	DITE TO	0/	c		,	D 1				7
1		lying cause last	(c)	en	ionic		191	rin	(D)			
1	S	PART II. OTH	IER SIGNIFICANT CONDITI	ONS CONTRIBU	TING TO DEATH	H BUT NOT	RELATED TO	THETERMINAL	DISEASE CON	DITION GIVEN IN	≀ PART 1(a) 19.	WAS AUTOPSY PERFORMED?
	I A		5	ein	le.	A2	406	war	D			YES NO F
	S 0	R CONTRIBUTING	S UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HO	W INJURY OCC	RRED. (E	nter noture of	injury in Part	f or Port'll af	item 18 }		
		c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OC	CURRED 20			lome, form, 2	Of. (City or tov	νn}	(County)	(Stote
	MEDICA!	Hour a.m.			while	foctory,	street, office	bldg., etc }				
						. 70	128 /4	50 10	. 12	/22/60	10 0	. th t
J			t (I) (this haspital) a				occurred			·		
ı		aw the agged: 2a. SIGNATURE	ed alive an 12/2	21/60 19	and th	nat death	1 осситео	r atM,	from the c	causes and ar	the date :	stated abave
		10%	118 1 76	ZZGLE	Ru'	МD	ATTENDING	MED DIRECT	TOR X PH	YS K	12	1225/60
	2	2c PHYSICIAN'S	Dr. Tombe	E. Mo	Team		22d. ADDRE		W. W.			,
ı		NAME (Type)	Dr. James	a m • lale	Lean		49 G	reene	St.,	Cumber	land,	Md.
			N. 236 DATE THEREOF		AME OF CEMETE	RY OR CR	EMATORY	23d	LOCATION (City, town, or cou	inty}	(State)
	Bi	REMOVAL (Specify) LT La 1	12-26-19	60 Sur	nset Me	emori	ial Pa	rk C	umberl	Land, M	d.	
		INERAL DIRECTOR	S SIGNATURE	ADI	DRESS			250 REC'D BY	REGISTRAR	256 REGISTRAR	'S SIGNATURE	
	Ja	umes F.	scarpelli	, Cumbe	erland	, Md	,	DATE DEG	Z B '60	arthu	7 & Henry	A



SS. Peter & Paul's

ADDRESS

Cumberland, Md.

12/14/60

23. FUNERAL DIRECTOR'S SIGNATURE

H. Wayne George

Cumberland.

24o, REC'D BY REGISTRAR

Maryland

24b. REGISTRAR'S SIGNATURE

Cultury & France

VS. A15ME(5) 5M 9/55



VR A15 (4) ISM 9/59

CERTIFICATE OF DEATH

William & Through

1.	D. COUNTY					isual residi I. State	ENCE (Wh	ere decease			n Residen	ce befor	re admis	sion)
_	Allegany			MARYLAND		A SIMIL	Mary.	land	b. C	OUNTY	A	lle	gany	r
	b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	ts, write	c LENGTH O	F STAY IN 16	c	CITY OR TO	O II) NWC	utside corpo	prote limits,	write RU	JRAL ond	give nec	arest fow	m)
	Cumberland		29 Da	VS		07	Cumb	erland	d					
	d. NAME OF HOSPITAL (If not in hospital, of OR INSTITUTION	ive street	oddress)		1	d. STREET AD	DRESS							SIDENCE A FARM2
	Sacred Heart Hos					-/-	503	Beall	Stre	et				NO
3.	NAME OF Fit			Middle	-	Last		4. DATE		Mont	h	Do	у	Year
	DECEASED (Type or print) M;	argar	et	Jane		Shr	eeve	OF DEATH		12		21		19 60
Ś.	SEX 6. COLOR OR RACE	- W			B DA	TE OF BIRTH	-	-	9. AGE (I		IF UNDER	1 YEAR	IF UND	
	Female white	WIDOW		VORCED [S	ept 13	3.188	5	lost bir	Thdoy) yrs	Months	Days	Hours	Min
100	USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b.	KIND OF BUSI	NESS OR INDU					country)		12 CIT	IZEN O	F WHAT	COUNTRY
	Retired clerk	, 5	& 10 ce	nt stor				irgini				II	.S.A	
13	FATHER'S NAME		<u> </u>	110 0001		MOTHER'S			Lea		-		4 D 941	
	William Sheetz					Not	kno	เกา						
	WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECUR	ITY NO. 17.	NFORA			*****		Addr	ess			
(Ye	No or unknown) [If yes, give war or dates of t	ervice) 2	214-16-2	062			Patie	nt's	Chart					
	18. CAUSE OF DEATH Enter only one co	use per 1	ine for (o), (b), c	and (c). 1								INT	ERVAL B	ETWEEN
	PART I DEATH WAS CAUSED BY:	,	in	ermo								-	SET AND	DEATH
	IMMEDIATE CAUSE (c		· · · · · · · · · · · · · · · · · · ·			,							1 acas	5
	Sec. 100	/	miferli	1: 1/1-	1.11		12 1					6	(111	n. 11
	gove rise to immediate		mycri	The root	- 85.1	1 and	ny						, , , ,	7-6-6-
L	lying couse lost	, ,	1. Tur	rlum	-							1/	26.	a.
z	PART II. OTHER SIGNIFICANT CON	DITIONS				RELATED TO	THE TERMI	NAL DISEAS	E CONDIT	ION GIV	EN IN PAR	T 1(0) 1	9, WAS	AUTOPSY
ATIC			ins &										PERF	ORMED?
F			CRIBE HOW IN			ter noture of	injury in	Port 1 or Pai	rt II of item	18.)				J
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour o m.	ar 20d. I While	INJURY OCCURE	F.0		OF INJURY (H street, office			y or town)		(1	County)		(State
ME	p m. 19	of wo												
ı	21 I certify that (I) (this haspita	l) atten	ded the dece	eased fram.	3	-2-/	4449	, .ta_	12 -	21-	, 19.6	57, th	nat (I)	(we) las
	saw the deceased alive an 12	- 2/	196-6	and that	death	accurred	at7.:1	fram	the cau	ses an	d an the	e date	state	d abave
	220. SIGNATURE				1		-	12						26 DATE SIGNE
ı	h. 11mm	2			M.D	ATTENDING PHYS	ĕ M	ED. RECTOR	STAFF PHYS					310146
L	22c PHYS CIAN S NAME (Type)					22d. ADDRES	A	2					// /	<i>*</i>
	L. Bri	ngs,	M. D.			3/6	Men	1/16	houle	ule	and		11	
23	BUR A., CREMAT ON, 236. DATE THEREO)F	23c. NAME C	OF CEMETERY C	OR CRE	MATORY		23d. LOCA	TION (City	, town, o	or county)		(Sto	rte)
	REMOVAL (Specify) Burial 12/21/6	0	H111	crest F	Buri	al Par	rk	Cum	berla	nd		Mar	ylar	ıd
24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			- 1	250 REÇ"	D BY REGIS		b. REGIS	TRAR'S SI	GNATU	RE	
	Ruth E. Silcox	Cumit	perland	Maryla	and		DATE	EC 2 8	60	Q.	thung &	1 Ha	LLLA	



VR A15 [4] 1SM 9/59

	FUNERAL DI CTOR: After this cert ficate has been signed by the attending p	age 3 shauld - a detached for use as the burial-transit permit. Then please re	e State Board of Health prior to buriol, cremation, or removal, and in any every
lay be refaine 7 the haspital or attending physician.	this cert ficate has been	ir use as the burial-trans	r la burial, crematian, a
/ the haspi	TOR: After	e detached for	of Health pria
dy be refaine	FUNERAL DY	age 3 shauld	e State Board

	CERTIFICATE OF DEATH								
ľ	1 PLACE OF DEATH G. COUNTY ALLEGANY	170	MARYLAND	2 USUAL RESIDENCE (WE a. STATE MARYLAND		If institution Reside			
	b. CITY OR TOWN (IF out RURAL and give neares CUMBERLAND	t tawa)	c. LENGTH OF STAY IN 16	CUMBERLANE	•				
	OR INSTITUTE A	L & WARWICK	et address)	d. STREET ADDRESS		• •	e IS RESIDENCE ON A FARM? YES NO		
	3 NAME OF DECEASED (Type or print)	WILLIA	Middle Gray,	SLOUGH	4. DATE OF DEATH	Month DECEMBE	Day Year IR 12 1960		
	4.44.		ARRIED MEETER MARRIED DIVORCED	B DATE OF BIRTH	9. AGE last b	oirthday) Manths	R 1 YEAR IF UNDER 24 HF Days Hours Min.		
	Retired Su	life, even if retired)	b. KIND OF BUSINESS OR INDI	Co. VIRO	GINIA		TIZEN OF WHATCOUNTR		
		H. SLOUGH		Ellen Ma	2144				
	15. WAS DECEASED EVER IN [Yes. no. or unknown] (If yes	U. S. ARMED FORCES? I		INFORMANT EMORIAL HOSPIT	TAL , CUMB	ERLAND, M	ID.		
	PART I. DEATH V		time for (a), (b), and (c).	Through	Paris		INTERVAL BETWEEN		
	Canditians, if ony,		Fromany	arten	2000	and			
	gave rise to imme cause (a), stating the lying cause last.	under- DUE TO	/	<u></u>	- 253 _M				
	CATIC		IS CONTRIBUTING TO DEATH BU			· · · · · · · · · · · · · · · · · · ·	RT I(a) 19. WAS AUTOPS PERFORMED? YES NO		
	200. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURR						
	20c. TIME OF INJURY A	Wh		PLACE OF INJURY (Hame, farm actory, street, affice bldg , etc	1) 201-4City or lown	0 2	(Caunty) (Sta		
		1 /.	nded the deceased fram		/ / /	6	, that (I) (we) la ne date stated abov		
	276 SIGNATURE	Mulh	and	M.D PHYS D	ED STAF		226 DATE SIGNI 2/14/60		
	_	DR. R.J. WII		22d. MODRESS	erlan	4	Media		
	Buffat ISpecify)	23b, DATE THEREOF 12/15/60		morial Park	Cumber]	land, Ma	ryland		
	H. Wayne (umberland, M	· 1 D	EC 1 6 '60	25b, REGISTRAR'S 5 در مشائد ک			

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TOWOT	CERTIFICAT	E OF DEATH							
1 PLACE OF DEATH		2. USUAL RESIDENCE (Who			ce before admission)				
6. COUNTY ALLEGANY	MARYLAND	°MARYLAND	b.	COUNTY ALLEG	ANY				
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	stride corporate limit	s, write RURAL and s	give nearest fown)				
RURAL and give nearest town) CUMBER LAND	54 DAYS	CUMBERLAND)	733					
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION OF MORITAL HOSPITAL	ddress)	RT.#1, GRE	EN POINT		e. IS RESIDENCE				
MEMORIAL & WARWICK AVES	See 1				YES NO (
3 NAME OF DECEASED (Type or print) GRACE	MAE	SMITH	4. DATE OF DEATH	DECEMBER	24 19 60				
S SEX 6 COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 6.	DATE OF BIRTH	9 AGE	(in years IF UNDER	TYEAR IF UNDER 24 HI				
FEMALE WHITE WIDOWED		JUNE 27, 192		yrs	Doys Hours Min				
10a USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if relired)	ind of business or indust At home	MOOREFIEL			ZEN OF WHAT COUNTR				
Housekeeper 13. FATHER S NAME	TO HOME	14. MOTHER'S MAIDEN N							
JOHN D. LEWIS		FRANCES LL							
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SC	OCIAL SECURITY NO. 17, INF	ORMANT	OID	Address					
(Yes, no, or unknown) (if yes, give war or dates of service)	= 3	EMORIAL HOSP	ITAL	CUMBERLA	ND, MD.				
IB. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]				INTERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH ONSET AND DEATH									
DUE TO	0,	- 0							
Conditions, if only which) (b) Merry & lury									
gove rise to immediate DUETO					<u>d</u>				
lying couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERMIT	NAL DISEASE CONDI	TION GIVEN IN PAR	T 1(o) 19 WAS AUTOPS				
Progressive anima - Physical transfusion PERFORMED?									
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
3 20c TIME OF INJURY Month, Day, Year 20d, INJ	JURY OCCURRED 200 PLAC	E OF INJURY (Home, form,	20f. (City or town)) ((Caunty) (Sto				
Hour o.m. While		ory, street, office bldg , etc.		·	,				
21. 1 certify that (1) (this haspital) attende	ed the deceased fram	12	. , .ta	., 19	, that (I) (we) lo				
saw the deceased alive an	19 and that de	ath accurre#@:20	#Mfram the ca	uses and an the					
220. SIGNATURE	m Ochul	.D. ATTENDING ME	D STAFF		226 DATE SIGN				
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS							
LEWIS MOULD		122 SOUT	H CENTRE	ST., CUMB	ERLAND, MD.				
230 BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C	ly, lown, or county)	(State)				
REMOVAL (Specify) Burlal 12/26/60	Pleasant Grove	e Cemetery	Cumberlan	d l	Maryland				
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'I	BY REGISTRAR	25b REGISTRAR'S 510	GNATURE				
Buth T. Silcov Cumber	mland Mamula	DAT DEC	3 0 '60	arthur S. 1	thank				

Maryland

ATTENMING MINYSICIAN: The law requires that the dilath certificate be axecuted within 24 hours after death. Roga 4 funeral director, may be retained the haspital at attending physician.

TO FUNERAL DIKE TOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbott pages? Pages 1 and the State Board of Health prior to burial, cremation, at removal, and in any event within 72 hours after death. 72 hours TO HOSPITAL IR VR A15 (4) 15M 9/59

Ruth E. Silcox

Cumberland

, 1

CERTIFICATE OF DEATH

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained to the hospital or ottending physician. TO FUNERAL DIV. FOR: After this certificate has been signed by the ottending physician and completely filled in by for the formation page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 for the filed with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death.	ofter death. Page 4	had funeral director	15. TO 10. TO 10	TO De Tried With	1	-
	TO HOSPITAL OP, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Page 4	moy be retained by the hospital or otherwing physician.	TONERAL DATE THE CONTINUE TO SECOND TO THE CHEST OF THE C	oge 3 should be defoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2	ie State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death.	(

VR A15 (4) 15M 9/59

			CERTITION	IL OI DEATH
1.	PLACE OF DEATH a. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE MARY LAND b COUNTY ALLEGANY
	RURAL POR TOWN (I	f outside corporate limits, write	50. YRS.	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG
	OR INSTITUTION	AL (If not in hospitol, give street 153 E. COLLE		d. STREET ADDRESS 153 E. COLLEGE AVE. 1.58 RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED (Type or print)	MARGARET	Middle B •	SMITH 4. DATE SP Month DEC. Day Year 19 60
1	SEX FEMALE	6 COLOR OR RACE 7 MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH DEC. 16, 1875 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS DEC. 16, 1875 9. AGE (in years Nonths Days Hours Min. Nonths Days Hours Min. Nonths Days Hours Min. Nonths Nonths Days Hours Min. Nonths Non
10	during most of world	e no life aven if califords	OWN HOME	PENTSYLVANIA 12 CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME JOHI	N HERRING		MARY MURTZ
		R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		Address RS. HARRY COSGROVE, FROSTBURG, MD.
7	Conditions, if a gove rise to i cause (o), stoting lying cause last.	mmediate but TO (c)	Arter Semlit	CO JORDIOS SET AND DESTU EN SE AND DESTU EN SET AND DESTU
FICATION				T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED YES NO. (Enter nature of injury in Port 1 or Part 11 of item 18.)
AL CERTIFI	(IF EITHER, NOTIFY	CAUSE OF DEATH		
MEDICAL	Haur o m.	19 While at wor	Not while fo	LACE OF INJURY (Hame, farm., 20f. (City or town) (County) (Stote) octory street, office bldg., etc.)
		at (1) (this haspital) attended		death accurred 67 67 M, from the causes and on the date stated abave
	22c PHYSICHAN'S NAME (Type)	W. O. McLA	NE, M. D.	ATTENDING MED DIRECTOR STAFF Que 16/96/05 22d. ADDRESS E. MAIN ST., FROSTBURG, MD.
23 E	g. BURIAL, CREMATIC BEMOVAL (Specify)	ON, 23b DATE THEREOF	23c NAME OF CEMETERY	
24	FUNERAL DIRECTOR		ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 13292 CERTIFICATE OF DEATH

13292

	PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)							
	ALLEGANY	MARYLAND 6. COUNTY ALLEGANY							
	b. CITY OR TOWN (if autside carporate limits, write e. LENGTH OF STAY IN 16 RURAL and aute peorest love PLITAL (Limited 43 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND							
/ <u>.</u>	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
,]	MEMORIAL HOSPITAL	1548 GREENE STREET YES NO							
ľ	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
	(Type or print) ISAAC C. SPIKER	DEATH DECEMBER 18 19 60							
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	3 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min							
	MALE WHITE WIDOWED DIVORCED	NOV 9, 1890 70 to yrs							
	10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUST during most of working-life	11							
	Ketira Electrician / Felly Spragle	MARYLAND U.S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	JOSEPH SPIKER	ALICE MOORE							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INI (Yes, no or unknown) (if yes give wor or dates of service)	FORMANT Address							
	70, 214-07-0285	MEMORISL HODPITAL CUMBERLAND, MD.							
1	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH							
	IMMEDIATE CAUSE (0)	7 day							
	DUE TO	1 7 11 1000							
ı	Canditions, if ony, which (b)	Organia Heart Julian 3-4 wills							
1	cause (a), stating the under DUE TO								
I	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY								
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?							
L.P	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)								
	OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	Hour a.m. While Nat while fact	CE OF INJURY (Home, farm, † 20f (City or tawn) (County) (State) tary, street, affice bldg., etc.)							
	p. m. 19 at wark at wark								
	21 L certify that (I) (this haspital) attended the deceased fram.	1957 . 19 AM to 12=18 1960 that (1) (we) last							
	saw the deceased alive an 12-12-60-19 and that de	eath accurred at 8:10, from the causes and an the date stated above							
	22o SIGNATURE	ATTENDING MED STAFF SIGNED							
	CO-COOCE II SPECIAL	A.D. PHYS DIRECTOR PHYS 12-21-60							
	22c PHYSICIAN'S NAME (Type)	22d ADDRESS							
	William & Lakes	441 M Creater St (umberland, but							
	230 BLRIAL, CREMATION, 236 DATE THEREOF 232 NAME OF CEMETERY OR PENOVAL (Specify) 12 20 60 Rails Wen	wrial Cumberland, and.							
•	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE							
	John & Hofer cunkerand	Mid DATE DEC 2 7'60 arthur & Kings							



funeral director,

ATTENDING FINYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING FINALISICIAN: The law requires that the death certificate be executed within 24 hours of may be retained by the hospital or attending physician.

TO FUNERAL DIV, TOR: After this certificate has been signed by the attending physician and campletely fitted in by page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13293

13293

CERTIFICATE OF DEATH

1. PLACE OF DEATH				2	usual residi	ENCE (Wh	ere deceased lived.		- Residence	before admission)
ALLEGANY			MARYL	AND	MARY	LAND	t de la constant de	COUNTY	ALLEG	ANY
b CITY OR TOWN (If o RURAL and give near	est lawn)	ts, write	c. LENGTH OF STAY IN	ч 16	V		utside corporate lin	nits, write RU	RAL and give	nearest town)
d. NAME OF HOSPITAL		ive street	3 DAYS		d STREET AD	ERLAN	<u> </u>			e IS RESIDENCE
OR INSTITUTION					"		747 7 777 7 700	ATS		ON A FARM?
SACRED HE					RT #	<u> </u>	ALLEY RO.			
3. NAME OF DECEASED	Fir		Middle		Lost		4. DATE OF	Month		Day Year
(Type or print)		MNA	M		HIAFER	RE	DEATH		EMBER	11 19 60 EAR IF UNDER 24 HRS
			IED A NEVER MARRIED		DATE OF BIRTH		9, AG lost			bys Hours Min.
FEMALE	WHITE	WIDOWI	Lad		2-8-95			55 yrs		
19a. USUAL OCCUPATION during most of working			KIND OF BUSINESS OR	INDUSTR'	r 11. BIRTHPLA	CE (Stole	ar foreign country)		12. CITIZE	N OF WHAT COUNTRY
HOUSEWIFE	•				THE STATE OF THE S	ST VI	RGINIA		U	.S.A.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME			
ADAM MA	IERS				1	Cathe	rine Set	7.		
15. WAS DECEASED EVER (Yes, no, or unknown) (If	N U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO				Addre	\$\$	
No	es, give nor or outer or i	1	lone		CHART					
	Enter only one co		ne for (a), (b), and (c).				+			INTERVAL BETWEEN
PART I DEATH	PART I DEATH WAS CAUSED BY ON SET AND DEATH								ONSET AND DEATH	
23	IMMEDIATE CAUSE (d)									
Candidan is an	DUE TO									
Conditions, if ony,	reducte (THE THE							
couse (o), stoting the	under- DUE TO	•	M						1	
	lying couse lost. (c)									
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)									
OR CONTRIBUTING C	CAUSE OF DEATH EDICAL EXAMINER)	200, 020	CRIBE HOW HOOK! CO	CORRED. (Eller Morore of					
20c. TIME OF INJURY Hour o. m.	Manth, Day, Ye	or 20d II While of wor	Not while		OF INJURY (H y, street, office			en)	(Cou	nty) (State
21 I certify that	21 certify that (1) (this haspital) attended the deceased from 17/8 19/10, ta 19/10, that (1) (we) last									
	saw the deceased alive an 19 and that death accurred at 200 M. from the causes and an the date stated above									
22o. SIGNATURE	dive dii	1	D /	nor sec	111 00001100	/	im, irali ire c	.doses and	dii iiic c	22b DATE
	M.D. PHYS DIRECTOR DI									
22c PHYS CIAN'S									1/	
NAME (Type) DR	. LEO H.	LEY,	JR. MD		456 N	1, Ce	intre 8h	Cun	hela	I Sud
23a BURIAL, CREMATION, REMOVAL (Spec fy)	236 DATE THEREC)F	23c NAME OF CEME		REMATORY		23d LOCATION		"	(Stote)
Burial	12/13/6	0	Rose Hi	lle C	em		Cumber	Land,	Fid.	
24, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTRAR		RAR'S SIGN	
John J. H	lafer, Cu	mber	land, Maryla	and		DATE D.	EC 1 9 '60	Ci	thun S. 9	Craces



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH . PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) B. COUNTY b. COUNTY ALLEGANY MARYLAND b, CITY OR TOWN (if ou side corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate rimits, write RJRAL and give necrest town) write RURAL and give neerest town) CUMBERLAND DAYS d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO MEMORIAL HOSPITAL NAME OF 4. DATE Middle DECEASED OF [Type or print] DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lest birthday) Months Hours FEMALE WIDOWED X DIVORCED PLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. B R done during most of working life, even if relired) HOUSEWIFE 13. FATHER'S NAME HENRY LILLER ALVERDA CORBIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordatesofservice) MEMORIAL HOSPITAL - CUMBERLAND, MP ATTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Meny, which (b) geve rise to immediate cause DUE TO (e), stating the undarlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1.01 PERFORMED? 200. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH Ob. DESCR BE HOW MILRY OCCURED (Enter nature of in ury in Part Lor (IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED., 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) [County] (State) factory, street, office bldg., etc.) Not While While Houz n.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from. . / . and that death occured at. A.M. from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING STAFF S.GNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) <u>Ebenezer Jemterv</u> an. L. 1901 Near domnev 24 FUNTERAL DIRECTOR'S AUGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Christing S. Thomas

the 12

physician

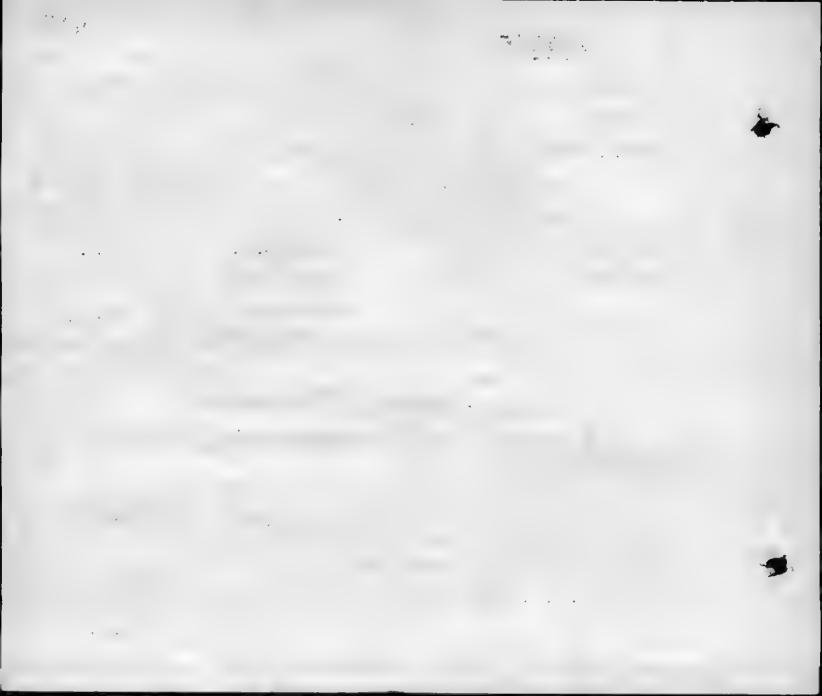
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HOSPITAL Path. Page FUNERAL

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within



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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funeral director, may be retain.

Description of the hospital ar attending physician.

Description of the physician problem of the contenting physician completely filled in by page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 21 the State Board of Health priar to burial, crematian, or remaval, and in any event, pithia 22 highers after death.

DING EHYSICIAN: The lam remures that the death mertificate be executed within 24 hours after death. Page 4

ATTINI	I lhe	TOR: /	Le detach
TO HOSPITAL OF ATTENI	may be retain.	TO FUNERAL DISCUSOR:	page 3 should we
VR 1s	A	15 9/5	(4)

1. PLACE OF DEATH o. COUNTY					deceased lived.			
Alleg	any	MARYLAND	a. STATE 1º1	aryland	i i	. COUNTY	Alleg	gany
b CITY OR TOWN (If autside carpai RURAL and give nearest tawn)	rate limits, write	c. LENGTH OF STAY IN 16		OWN (If outs	ide corporate lin	nits, write RUF	RAL and give n	earest tawn)
Cumberland		8 mos	02 C	umberl	and			
d. NAME OF HOSPITAL (If not in ha OR INSTITUTION	spital, give street	address)	d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
252 Columbia Str	eet		2	52 Col	umbia St	creet		YES NO
3. NAME OF	First	Middle	Lasi	4	. DATE	Month	D	lay *eor
DECEASED (Type or print) NA	NCY	BELL	THOMAS		OF DEATH TO	ecember		19 60
S. SEX 6 COLOR OF		RIED NEVER MARRIED	B. DATE OF BIRTH	1	9 AG	E (In years 1	FUNDER 1 YEA	R IF UNDER 24 HR
Whi			October	14, 18	80 80		Manths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind a	f work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (State or		-	12. CITIZEN C	OF WHAT COUNTRY
during most of working life, even it Housewife	refired}	Own Home	Fros	tburg.	Marylan	nd	USA	
13. FATHER'S NAME		0,,12 1,01110	14. MOTHER'S				1	-
Gasper Wor	kman		Maro	aret M	errill			
15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO. 17 II	NFORMANT			Columbi	ea Stre	et
(Yus, no, or unknown) (If yes, give war or	dates of service)	none Mrs	. Maryli	n Ston				
18. CAUSE OF DEATH Enter only	one couse per li		3 1 11 12 3 12 2	1	. , ,		IN	TERVAL BETWEEN
PART I. DEATH WAS CAUS	ED BY:	7 1 1 1 2 1 1 1 1 2	in Fi	" CHI	dates		ON	ISET AND DEATH
IMMEDIATE C	DUE TO		1000	11/10	, condy			
1 2 2 4 1	DOE 10	itte and	last	20 160	-liv	43		
Canditions, if any, which) gave rise to immediate	(b) <u>,4</u> \(\Delta\)	an conew.	7 7 3-41 /	racarr				
lying cause last.	DUE TO	U						
	(c) NT CONDITIONS (CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMINA	L DISEASE CON	DITION GIVE	N IN PART 1(a)	19 WAS AUTOPS
OL MAIN								PERFORMED?
PART II. OTHER SIGNIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UP (IF EITHER, NOTIFY MEDICAL EXAM	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in Par	t I or Part II of i	item 1B.)		
OR CONTRIBUTING CAUSE OF	DEATH							
	ay, Year 20d. I	NJURY OCCURRED 20e. PI	ACE OF INJURY	Hame, farm,	20f (City or tov	rn)	(County	r) (Stat
E Hour a.m.	While	Not while fo	iclary, street, affice	bldg., etc.)				
			1 1		0.000	41	10/12	1 (6)
21 I certify that (I) (this ha		led the deceased from						thot((1)(we) lo
saw the deceased alive or	1-4	1960 , and that	deoth occurred	1016:24	trom the c	ouses and	on the dot	e stoted obovi
(7)	/ //	. (M.D PHYS		STA STA	FF D		SIGNE
22c, PHYSICIAN'S	~ 10		M.D PHYS		CTOR PH	rs. 📙 📗	ecemper	6, 1960
NAME (Type)	Poss	N.D.			St., Cu	mberla	nd. Mar	vland
Earl R								
230 BURIAL CREMATION, 236 DATE REMOVAL (Specify)		23c. NAME OF CEMETERY C			d. LOCATION ((State)
Purial 12/1/	60	Rose Hill Cem	e eer à	1	mberlan		RAR'S SIGNATI	LIPE
John J. Hafer, C	umberlen							UKL
John o. Harer,	miner Tall	as I man & received		POEC 1 2	5 00	Ca Cong	S. France	



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PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESID	ENCE (Where decease	ed lived. If institution b. COUNTY	on- Residence befi	are admission)
Allegany		Mary			Alleg	
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 		c. CITY OR TO	OWN (If outside corp	orate limits, write R	URAL and give he	arest town)
Cumberland	4 months	∬ X ### Cu	mberland			
d NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION	et address)	d. STREET AC	DORESS			e IS RESIDENCE ONYA FARM?
Sacred Heart Heapi	tal	H	inkle Road			YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Mon	th D	ay Year
(Type or print) Orbe		Tw	igg DEATH	1 12	,	18 19 60
S SEX 6 COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS
	WED DIVORCED	June 19	1879	lost birthdoy)	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	CE (State ar foreign	country)	12 CITIZEN C	F WHAT COUNTRY
during most of working life, even if retired) Retired Farmer		Mam	vland		II.	S.A.
13 FATHER'S NAME		14. MOTHER'S				O s A s
Machael C Ma	and comm		Jennie N	Middleton		
Michael S. Ti	NI gg	NFORMANT	oemite i	Add	ress	
(Yes, no, or unknown) (If yes, give war or dates of service)	215-14-6553	Det	iontia Che	· m+		
		<u> Fau</u>	ient's Cha	Tro	Lini	TERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per		-,				ISET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Menu	L			
DUE TO	1 -1	Hemu	. 1 1	1 1 . 1	.1	
Conditions, if any, which) (b)	Jarrele unh	clean -	et les +	- debeli	ti	
gave rise to immediate (
Couse (b), staring the under-	•					
(4)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY
OF THE STATE OF TH	2011111001111					PERFORMED?
	COCRUPT HOUSE IN HUNN COCKIDAD	D IF-b	Calcar on Book Los Be	art II of item 18)		ILS [] NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	U. (Enter nature of	injury in Fort Cor Fe	ar it of them to.)		
		ACE OF INJURY (ty or town)	{County	(Stote
Hour o.m. 19 at	ile Not while	ictory, street, office	bidg., etc.)			
-		Tina 27	1 20/20	180111	8 20/00	h = 4 (1) (
21 I certify that 🍏 (this haspital) atte	ended the deceased fram,	any -	19 pm to		QL., 193@SF	hat (I) (we) las
saw the deceased alive an		death/occurred	of J.ZZM, from	n the causes ar	id on the dat	e stated abave
220 SIGNATURE Walter M. KLN	nixles	M.D. PHYS	MED.	STAFF PHYS		SIGNE
22c PHYSICIAN'S		22d. ADDRE	ss m	2 / .	- 11	
NAME (Type) S. G. Weisma	an. M. D.	4	12 11. 11	echanu		
230. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOC	ATION (City, town,	or county)	(State)
REMOVAL (Specify)		-	_		Rural)Ma	
Burial 12/20/60 24 FUNERAL DIRECTOR'S SIGNATURE	Mt Pleasant	Ceme tery	250 REC'D BY REGI		STRAR'S SIGNAT	
			DATE DEC 2 3		that & Firm	
H. Lee Silcox Cumber	cland Marylan	nd .	DATE	27	Arrest Way Labor	

may be retained by the haspital or attending physicion.

TO FUNERAL Division—and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 21 the State Board of Health prior to burial, cremation, ar remayol, and in may event, with the prior to burial, cremation, ar remayol, and in may event, with the state death. TO HOSPITAL OR VR A1S (4) ISM 9/S9

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4

funeral director,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

132	97
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	132	97		CERTIF	ICA	TE OF DE	ATH					
1. PLACE OF DE COUNTY ALLEG				MARY	LAND	2. USUAL RESIDE 0. STATE MARYLAN	•	ere decease	d lived. If instituti b. COUNTY	n: Residence		mission)
b. CITY OR T	OWN (If outside o	orporate limi	ts, write	c. LENGTH OF STAY	IN 1b			utside corpo	rote limits, write R			own)
	BERLAND,			4 DAYS		CUMBERI	AND.	MD	02			
d. NAME 95 OR INCHI	ORIAL & V	SPTTAL	ive street a	eddress)		d. STREET AD	DRESS	TTE A	VENUE			RESIDENCE N A FARM?
3. NAME OF		Fir	st	Middle		Losi		4. DATE OF	Mon	th	Day	Year
(Type or print)	RO	Y	Edwin.		VAN FLEET	ľ	DEATH	DECEMBE	R	18	1960
s. sex MALE	6. COLO		7. MARRI WIDOWEI	EDAN NEVER MARRIE		B. DATE OF BIRTH MARCH 28	3-189	1	9. AGE (In years lost birthday) 69 yrs		YEAR IF U	ors Min
during most	UPATION (G ve k of working life, e l Constab	ven if retired	_	kind of Business o anty Gov [†] t	RINDUS		,	or foreign o	**		B.A.	AT COUNTRY?
13. FATHER'S NA	ME					14. MOTHER'S A						
Fei	ik. LIAM 1	VAN FL	EET			MIN	MIE	HARPE	R			
15. WAS DECEA! [Yes, no. or unknown NO.		ARMED FOR var or dates of s	ervice)	0-10-4053	17, IN	MEMORIAL	_ HOS	PITAL	, CUMBERL		4D.	
18. CAUSE	OF DEATH [Ente	r only one co	use per lin	e for (o), (b), and (c).]						INTERVAL	L BETWEEN
PAR	I. DEATH WAS O	AUSED BY:	, 6	Edrena	1. 1.	mecan	aro					dury =
£	TX	DUE TO										
	s, if ony, which		يز ١	Darter	um	ni st	mid	2			3.	dazo
	to immediate stating the under-			-1 ~1			afor for					, /
lying cous) to)	Mech	ral	ed da	10%	TA			3	phisgo
PART VO UN CONTRI (IF EITHER, I	II. OTHER SIGNII	FICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO 1	THE TERMIN	NAL DISEAS	E COND FION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	ENT WAS UNDER BUTING CAUSI NOTIFY MEDICAL	YING [] E OF DEATH EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE). (Enter noture of	injury in P	ort I or Po	I II of item 18.)			
20c. TIME O	FINJURY Month, o.m. p.m.	Doy, Yes	While	Not while	20a. PL/ foo	ACE OF INJURY (He story, street, office I	ome, form, bldg., etc.	20f. (Cit	y or town)	(Co	unty)	(State)
21. I certi	fy that (I) (thi	is hospital) attende	ed the deceased	from.	14 Dec	19	60 ta	18 Dec	1960	? that (l) (we) last
saw the o	leceosed-aliv	e an 18	معدد	- 19 Cd -, and	that d	eath accurred			♦he couses an			
22o. SIGNA	TURE JUST	mas /	6 8	tegmani		M D. ATTENDING	ME	D.	STAFF			226 DATE
22c PHYSIC NAME	T 1	STEG	MATER			22d. ADDRES	-	TH CE	MTRE ST.,	CUMBE	ERLAN	O,MD.
	EMATION, 23b.	DATE THEREC)F	23c. NAME OF CEM	ETERY O	R CREMATORY			TION (City, town,		,	State)
REMOVAL	12/	21/60		Lahmansvi	11e	Cemeterv		Lahr	ansville	, W. V	a.	
	RECTOR'S SIGNAT			ADDRESS		· ·	25o. REC'(BY REGIS	TRAR 256 REGI	STRAR'S SIGI		
II. Wa	yne Ceor	ge Cu	mberl	land, Maryl	tand		DATE /	PEC 2 7	'60 (arthur 1	. Henry	A. Commercial

TO HOSPITAL OF ATTINDING FINYSICIENS: The law requires that the death certificate be exacuted within 21 heurs after death. Page 1 may be retain, by the hospital or attending physicion.

TO FUNERAL DO, CTOR: After this certificate has been signed by the attending physician and campletely filled in by for funeral director page 3 should be detached for use as the burial-transit permit. Then please remore corbon papers. Pages 1 and 2 most deep hidd with the State Board of Health priar to burial, cremation, or remayor, and in any event will in 72 hours after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

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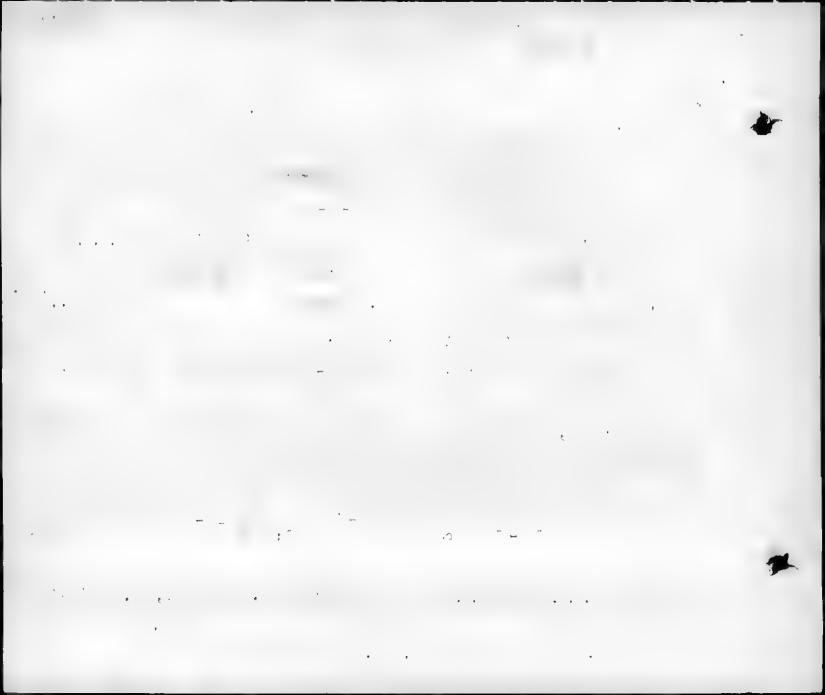
I. PLACE OF DEATH 6. COUNTY Allegaty Al		-												
D. CITY OR TOWN IT and a reprise town, with EURAL C. ENGH OF STAY IN 16 C. CITY OR TOWN, If outlide carporota limit, write RURAL and given reportations) C. CITY OR TOWN IT OUTLIGHT C. CITY OR TOWN C. COURT OUTLIGHT C. CITY OR TOWN C. CITY OR TOWN C. COURT OUTLIGHT C. CITY OR TOWN C. CITY OF THE TOWN IT OUTLIGHT C. CITY OR TOWN C. CITY OF THE TOWN IT OUTLIGHT C. CITY OF TOWN C. CITY OF THE TOWN IT OUTLIGHT C. CITY OF TOWN C. CITY OF THE TOWN IT OUTLIGHT C. CITY OF THE TOWN IT OUTLIGHT C. CITY OF THE TOWN IT OUTLIGHT C. CITY OF THE TOWN C		1.	. COUNTY											en)
Child Pland d. NAME OF HOSPITAL OR INSTITUTION (If not in beepital, give street oddress) d. STRET ADDRESS COMPTEL TO Race St. ANAME OF HOSPITAL OR INSTITUTION (If not in beepital, give street oddress) JORAC St. ANAME OF HOSPITAL OR INSTITUTION (If not in beepital, give street oddress) JORAC St. ANAME OF HOSPITAL OR INSTITUTION (If not in beepital, give street oddress) JORAC St. ANAME OF HOSPITAL OR INSTITUTION (If not in beepital, give street oddress) JORAC St. ANAME OF HOSPITAL OR INSTITUTION (If not in beepital, give street oddress) SAMUEL J. J. COLOR OR MACE J. MARKEO J. MARKEO J. NAME OF BRITAL J. JORAC ST. J		-			B+1D At				/			. ,		
d. RAME OF MOSTITAL OR INSTITUTION (if not in hospital, gives street address) Charles of Mostital Charles County County		Ι.	and give nearest town)		a norm		Cumb	erla	nd	porote limits, write	NUKAL ONG	give neo	est town	
Control Cont		H	UNLIDET LO	DO INSTITUTION (If not in horo		d STREET	ADDRESS					45 DECIS	DENICE
3 NAME OF DECASION OF THE STATE OF DECASED TYPE OF PART DATE DECASED TYPE OF PART DATE OF BITCH DOY YEAR DECASED TYPE OF PART DATE OF BITCH DOY YEAR DATE OF BITCH DOY YEAR DOY YEAR DOY YEAR DOY YEAR DOY YEAR DOY ON THE STATE DOY OF				_	ii iioi ni iioop	riv, give silver dudiessj			St.	- 1			ONAF	ARM?
S. SAMUEL LOO VOORHEES DEATH DECEMBER 16 1960 S. SAMUEL LOO VOORHEES DEATH DECEMBER 16 1960 M. W. WIDOWED DE NORCED APT 1 30, 1906 APT 1 30			NAME OF		st	Middle	lo	it		Mon	h			
S. SEX S. COLOR OR RACE 7. MARRED S. DATE OF SITH S. DAT				SAMUEL		I eo	VOOR	HEES		DECE	EMBER		196	30
Mind		5. 9	EX		7. MARRIEC	NEVER MARRIED				9. AGE Iln years				
Second continued of working like, even it referred Railroad Cumberland, Md. USA					1		April	30.1	906	54 yn.	Months	Days H	ours M	in,
Machinist Railroad Climber Land, Md. USA 13. FAHER'S NAME JAMOST NAME Lottie Brown 13. FAHER'S NAME JAMOST NAME Lottie Brown 14. MOTHER'S MAIDEN NAME Lottie Brown 15. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (o).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (o).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (o).] 19. Day'S		10a	. USUAL OCCUPATION	N (Give kind of work a	done 10b. Ki	NO OF BUSINESS OR INDUST				* -			VHAT CO	UNTRY?
James Wm., Voorhees 15. Was decasted byth in U.S. Abmed Porces? In Social Security No. 17. Informant No					Ra:	ilroad	Cum	berla	ind, Mo	i.	U	SA		
15. CAUSE OF DEATH Enter only one course per line for [o]. (b). ond [c].		13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME					
Type							Lot	tie I	Brown					
18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: HYDR OHEMOTHORAX, BILATERAL: MARKED		15. (Yas	, no, or unknown) (R IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17. I	NFORMANT	1		Address				
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) HYDR OHEMOTHORAX, BILATERAL: MARKED ONE TAND DEATH SO GREEN CONDITIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 Days gove rise to immediate course (b), stoling the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO PART I (c) 19. WAS AUTOPSY PERFORMED? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO PART I (c) 19. WAS AUTOPSY PERFORMED. ACTUAL SIGNATURE SIGNATURE DATE SIGNED ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL CREMATION, 276. DATE THEREOF SIGNATURE ADDRESS. ADDRESS. JUMPS F. DEGISTRAY SIGNATURE ADDRESS. JUMPS F. DEGISTRAY SIGNATURE 240. REGISTRAY 240. REGISTRA			No		7	05-07-9646	Mrs.	Mary	Cove:	r IO Ra	ce St	1 0		
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1 to		23.	JUMES F	Scarpel:	li C	uniper land. M	d.	24a. REC'I	D BY REGISTI	RAR 24b. REGI	STRAR'S SIG	NATURE		
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TO HOSPITAL OR ATTENDINE FILTSICIAE: The law requires that the death certificate be executed within 24 Haurs after death. Powe #		ed by the attending physicion and completely filled	srmit, Then please remave corban papers. Pages 1	the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death.	(
ATTINDINE FITYSICIAM: The law requir	the haspital or attending physician.	TOR: After this certificate has been sign	se detoched for use as the burial-transit pe	of Health prior to burial, crematian, or rem	
TO HOSPITAL OR	▼ moy be retaine.	TO FUNERAL DA	page 3 should b	the State Board of	~

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	CERTIFICA	IL OI DEATH		
1 PLACE OF DEATH			deceased lived If institution: Residence 1	before admission)
a. COUNTY ATJ.FGANY	MARYLAND	o. STATE MARYTAND	b. COUNTY AT.T.EGA	NY
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	le corporate limits, write RURAL and give	11-
RURAL and give nearest town)	1 5 1570	C COMPANIAN	TD.	
d. NAME OF HOSPITAL (If not in hospital, give street	nt oddress)	d. STREET ADDRESS	D	e. IS RESIDENCE
OR INSTITUTION	,	II a	TOTAL A TOTAL TOTAL	ON A FARM?
SACRED HEART		228 AVIRE		X
3. NAME OF First DECEASED	Middle		DATE Month OF	Day Year
(Type or print) GRACE	YAY	MOTVCI	DECEMBER	16, 1960
S SEX 6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS
FEMALE WHITE WIDOW	WED NORCED	10-17-86	74 yrs.	73 10013 171111
10a USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEI	N OF WHAT COUNTRY
ducing most of warking life, even if retired) HOUSEWIIE	Own home	MARYLAND	(Cumberland) U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E	
RANDOLPH Deremer		Sarah STARK	TEY	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 1.	6. SOCIAL SECURITY NO. 17, II	NFORMANT		erland, M
(Yes, no, or unlindwn) (If yes, give war or dates of service)	None Mr	. Kenneth Wal	ker 228 Avirett	
				INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (o) CC	ongestive Heart	Failure	6	ROS
DUE TO				
Conditions, if any which (b) All	rteriosclerotic	Cardio-vascular	· Disease	years
couse (a), stoting the under-				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(o) 19 WAS AUTOPSY PERFORMED?
Part II. Other SIGNIFICANT CONDITIONS Proriasis, Diabete	es Mellitus			YES NOT
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	For Part II of item 18.)	
	. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form 2	Of. (City or town) (Cou	nty) (Stole
Hour o.m. Whi	le Not while fo	ctary, street, affice bldg., etc.)	(any or torny	,,,,,
	rork at work			
21. I certify that (I) (this haspital) atter	nded the deceased fram.	6 = 17 156	. to 12 - 16 19 60	that (I) (we) las
saw the deceased alive on 12 -	15 and that	death accurred at 1106.	from the causes and an the d	late stated above
22o. SIGNATURE				22b, DATE SIGNEI
Cer Baccin		M. D. PHYS ATTENDING MED.	FOR FHYS.	3101421
22c. PHYSICIAN'S NAME {Type}		22d. ADDRESS		
DR R W BALLIN	M.D.	62 Greene St.	Cumberland Md.	12/16/60
23g BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C		LOCATION (City, town, or county)	(State)
Burial 12/18/60	Sunset Mem	orial Park	Cumberland, Ma:	ryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY	REGISTRAR 256 REGISTRAR'S SIGN.	ATURE
Charles L. George C	umberland, Mo	d. DATE JEU 2	20'60 Cathan & to	Cond



		3333		CEKTIFIC	LAIL	OF DEAT	H				
1 P	LACE OF DEATH	legany		MARYLA		USUAL RESIDENCE o. STATE Md.	(Where decease	d lived. If institution b. COUNTY	on: Residenc	e before o	idmission)
_	CITY OR TOWN (IF RURAL and give ned	outside corporate limi prest town)	its, write	c. LENGTH OF STAY IN	16 X	Barton	(If outside corpo	orote limits, write R	URAL and g	ive neares	lown)
d	OR INSTITUTION	AL (If not in hospital, s	give street	address)	1	d. STREET ADDRESS	5				S RESIDENCE ON A FARM? ES NO
C	IAME OF DECEASED Type or print)	Carrie Fi	rst	Middle ₩	Varni	ck Lost	4. DATE OF DEATH	Dec.	th	Doy 15	Year 19 60
5. S	ex Cemale	6 COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED		Oct. 30,	1869	9 AGE (In years lost birthdoy) 91 yrs	#F UNDER		UNDER 24 HRS ours Min.
	USUAL OCCUPATIO during most of worki iouse Wife	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR I		Marylan	d	country)	U.	24	HAT COUNTRY
13. (FATHER'S NAME				1.	4. MOTHER'S MAIDE	N NAME			0	
S	ilas Warn	ick					Fazenb	aker			
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	RMANT		Add	ress		
	no				Emm	a Warnick	-Barton	, Md.			
7	Conditions, if an gave rise to in cause (a), stating the lying couse lost.	he under-	.)	rteriosci					4Ch4 h4 D I D7	10	rects
CARION				CONTRIBUTING TO DEATH					VEN IN PART		WAS AUTOPS
CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	URRED. (E	inter noture of injury	n Port I or Pa	rt II of item IB)			
MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	/ Month, Doy, Ye	While at war	Not while		OF INJURY (Home, , street, office bldg.,		y or town)	(C	ounly)	(Stote
	sow the decease	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	l) attend	ded the deceased fr L4_1960, and th	_			the couses or	_	_	
	22c. SIGNATURE	Paul	28	Milson	, MD	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.			22b DATE SIGNE
	22c. PHYS+CIAN'S NAME (Type)	Paul R	. W	ilson M.	D.	22d. ADDRESS	TAXMETS NO.	nt, W	Vei-		
	BJR AL, CREMATION REMOVAL (Specify) BUTIAL	12/17/60	OF	23c NAME OF CEMETE Laurel Hil		REMATORY	23d LOCA	ATION (City fown,	or county)	3.0	(State)
_	FUNERAL DIRECTOR'S	7 - 17		ADDRESS		25a. I	REC'D BY REGIS		STRAR'S SIG		,u a
- 71	E ()/	3 m	,	Westernport	Ма		DEC 1 9		lun &		

Westernport, Md.

uneral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 D FUNERAL DKS. TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the State Board of Health priar to burial, crematian, ar remayal, and in any event, with a 22 haurs after death. the haspital ar attending physician TO FUNERAL DVK. TO HOSPITAL OR

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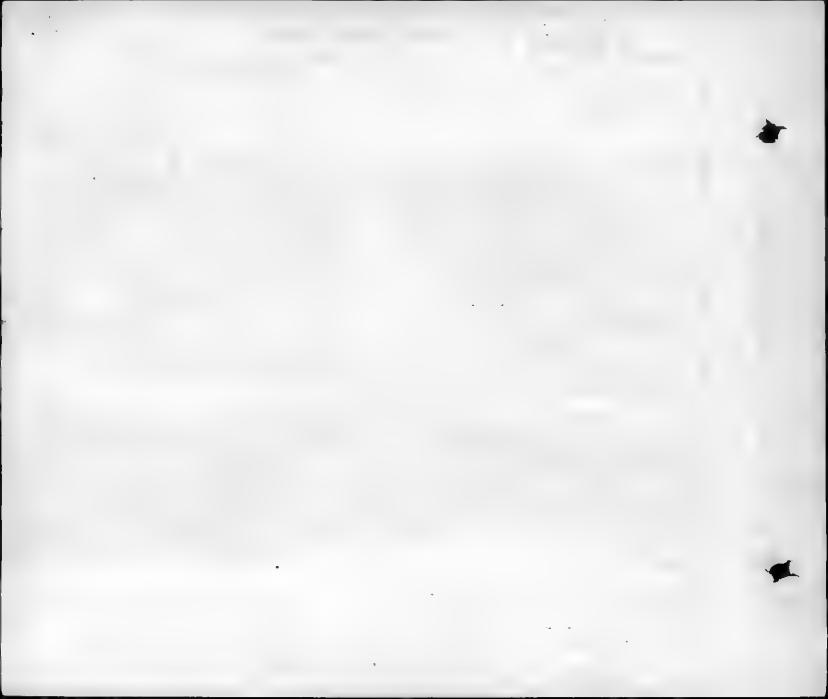


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ORE, 18 13301

	13334	4	CERT	IFIC/	ATE OF D	PEATH	l		Reg. Di	ist. No.		
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RURAL and give in ECKha			Lifeti		CITY OR	TOWN (IF or Eckl)		ote limits, write R	URAL ond	give near	est fown	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street od	idress)		d STREET A	DDRESS				•	ON A	SIDENCE A FARM? NO [2]
3. NAME OF DECEASED (Type or print)	MARY		LIZABET		WATSON	t	4. DATE OF DEATH	Decem	ber	Doy 2		Yeor 19 60
s. sex Female	White	WIDOWED	_	ED 🔲	Feb. 1	2th,1		P. AGE (In years last birthday) yrs.		Doys	Hours	Min.
100 USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b Ki	m house	worl				ountry)	12. Cr	US.		COUNTRY
	ison T. P					Ann R						
15. WAS DECEASED EVE (Yet, no, or unknown)	(If yes, give war or dates of i	ervice)	7-0176A		hechard 1	Watso	n, E	ckhart,				
4 -	mmediate (1	for (a), (b) And (c)	io.	Sele	202	20			ONSE	TAND	STATE OF LAND
ICATIC	HER SIGNIFICANT CON	Ye,	aketl	0					VEN IN PAI	RT 1{a] 19	PERFO YES	DRMED?
200. ACCIDENT IND CONTRIBUTION (IF EITHER, NOTIFY 20c, TIME OF INJUR Hour o. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MEDICAL EXAMINER) MEDICAL EXAMINER MONTH, Day, Ye	or 20d. INJ While	URY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, form,	20f. (City		((County)		(State)
alive an	Wom	-, 18/00 N / 11/	and the	death	. 19 accurred at	7.40 A	M, from	the causes of th	and an i	last sa	e state	decease ed abave ATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC PEMOVAL (Specify)	W. O. MC.)F	22c. NAME OF CEA				22d. LOCAT	urg, 11d	or county)	//	(5101	le)
BUTLAL 23. FUNERAL DIRECTOR	'S SIGNATURE		Eckhart ADDRESS			240. REC'E	E (c.chart,			E	
4.11	Duras	Fr	ostburg	Mo	1.	DATE DE	0.5. '6	0 C.	Thun &	Hash	4	

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within 24 hours ofter death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13304

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4	The Processor is a complete of the complete of
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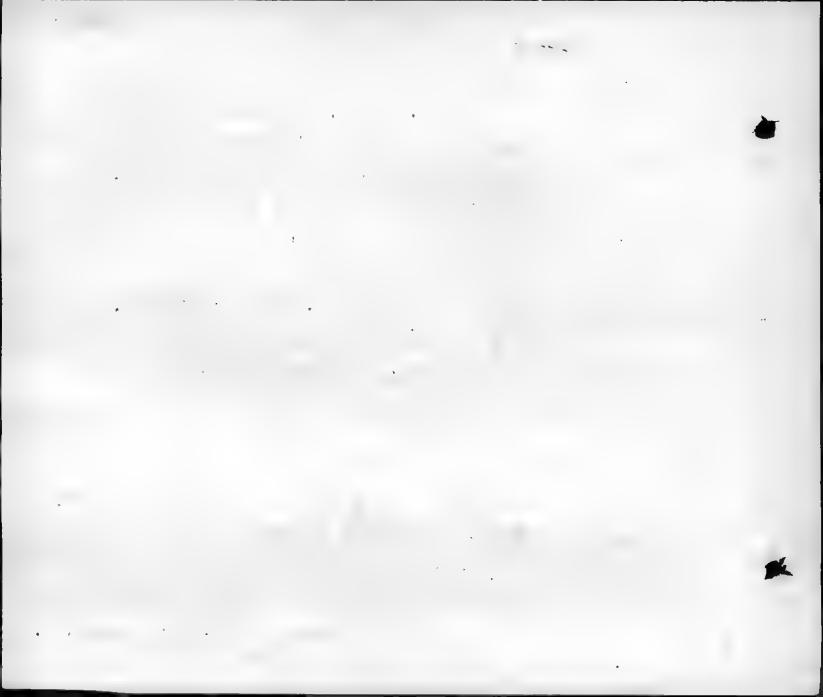
Į.		13302		CERTIFIC	AIL	DLAII	•				
J	PLACE OF DEATH			44.4 \$241.00	2 USU/	AL RESIDENCE (W	here deceased	ived. If instituti		befare admi	ission)
100	ALLEGA		N. T	MARYLANI		ARYLAND			ALLEC		
1	RURAL and give neo-			OTH OF STAY IN II		TY OR JOWN (If	_	te limits, write R	URAL ond give	e nearest to	wn)
ŀ	CUMBERL	AND	26	DAYS	1100	UMBERLAN	D _			a IS DI	ESIDENCE
	MEMOR I AL	MÉMORTATE HOS & WARWICK A	VES.		وْ ا	OS MARYL	AND AVE	•,		ON	A FARM?
ſ	3 NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mon	ith	Day	Yeor
L	(Type or print)	JOHN		R.	WI	LLISON	DEATH	DECE	MBER	15	1960
V			MARRIED 1	NEVER MARRIED	4		9	AGE (In years low birthday) 2 yrs.	Months Do	FEAR IF UNI	
1	MALE		OWED	DIVORCED	OCT.	- 1					
١	10a USJAL OCCUPATION	(Give kind of work done g ife seven if retired)	10b KIND OF	BUSINESS OR IN	0			ntry)		N OF WHAT	COUNTRY
ŀ	Jeteral Ele	chrician	(5)	40 11,	-	MICHIGAN			U.S	.A.	
ı	13. FATHER'S NAME	SSE WILLISO	N			THER'S MAIDEN					
ł	IS. WAS DECEASED EVER			SECURITY NO. 17	, INFORMAN	Ť		Add	ress		
	(Yas, se, or unknown) (If	yes, give war or dates of service)	-		ME	MORIAL H	OSPITAL	, CUMBI	ERLAND,	MD.	
1		[Enter only one cause p	per line for (d)	, (b), and (c).	0-1	1	,	7/1		INTERVAL I	
1	PARI I, DEATH	MAS CAUSED BY:	and	riosc	ere	Ris.	O M	ON IN			
	334,	DUE TO				Daniel	DVOR	A m			
	Conditions, if any				17	erviv	Prey/	m			
	couse (o), stoling th	Y DUE TO		0			1 1/2				
	Z OPer II OTHE	R SIGNIFICANT CONDITION	ONE CONTINUE	1/	IIIT NOT PEL	TED TO THE TERM	TAT TICK LEE	CONDITION OIL	(FN) (N) PART)	(a) 19 WA	S AUTOPSY
	PART II. OTHE 20°. ACCIDENT WAS OR CONTRIBUTING R (IF EITHER, NOTIFY)	an Mu	Per	tropy	M	102	lato	L	TEN NA FAXI I	PERF YES [FORMED?
	OR CONTRIBUTING P	DERLYING 206 206 206 206 206 206 206 206 206 206	DESCRIBE HO	W INJURY OCCU	RRED. (Enler	iature of injury in	Port I or Part I	l of item 18.)			
	TO 20c. TIME OF INJURY	Month, Day, Year 2	od. INJURY O	CCURRED 20e.		JURY (Home, for		r town)	(Cau	nty)	(State
	Y 20c. TIME OF INJURY.		Vhite Na t work 🔲 al 1	while	ractory, stree	of, office bldg., et	(2)		_ /		
	21 Legitify that	(I) (this haspital) at	tended the	deceased from	, 1 -	- 1	00 10	12-13	2-10/A	that (I)	(we) los
	saw the decease	11 30 -	15.718	/ -	1 1	curre :26		ne causes or	nd on the c		, ,
	225 SIGNATURE	L	PV	-	[22b DATE
	119W	one	folk	On	M.D PH	ENDING A	AED PIRECTOR [PHYS.	12	-16-	P.O.
	22d PHYS CIAN'S NAME (Type)	OR. S. M. ENI	EIELD		22d	ADDRESS					
		,									
	230 SURIAL, CREMATION REMOVAL (Speedy)	23b. DATE THEREOF	23c N	ellerest	Buse	ory Pfs	23d LOCATIO	ON (City, lown,	or county)	m	(C)
	24 FUNERAL DIRECTOR'S	SIGNATURE	AD	DRESS	1. 0	2So REC			STRAR'S STON		
	Lanis	Stien In	c. (umb.	ma	DATE	DEC 1 9	'60	Cothur.	w. Thomas	t.



within 24 haurs after death. Page 4	etely filled in by funeral director,	. Pages I and 2 Cold be filed with	
hat the death certificate be execu-	by the attending physician and car	. Then please remove carban papel, and in any event within \$2 hours	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	may be retain. The haspital ar attending physician.	page 3 shauld be detached for use as the burial-transit permit. Then please remine carbon papers. Pages 1 and 2 wild be filed with the State Board of Health prior to burial, cremation, or removal, and in any event withmer? I had safter death	
TO HOSPITAL CR ATT	W may be retained by 1	page 3 shauld be det the State Board af He	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

		13303	}	CERTIF	ICAI	E OF DE	AIH						
1	1. PLACE OF DEATH	T-0-11-0-1				2 USUAL RESIDE	NCE (W	here decease	ed lived. If institut		nce befa	re admiss	an)
Ĵ	o. COUNTY Allega	ny		MARY	LAND	a. STATE	aryl.	and	b. COUNTY		legar	2V	
	b. CITY OR TOWN (If outs	ide corporate limi	ts, write	c. LENGTH OF STAY	IN 15	c CITY OR TO	WN (IF	autside corp	orate limits, write		-)
	RURAL ond give nearest Cumberland			20 Yrs.		Rt. #2	Fli	ntsto	ne				
	d. NAME OF HOSPITAL (II OR INSTITUTION	not in hospital, g	ive street (oddress)		d. STREET AD						e IS RES	DENCE FARM?
	241 New Hamp	shire Av	enue			Murley	s B	ranch	Road				NO 🔲
	3 NAME OF DECEASED	Fire		Middle		Last		4 DATE	Mo	nth	Da	у	'eor
	{Type or print}	MARSHAL	L	GROWDEN	1	WILSON		DEATH	Decemb	er 14	+9		9 60
į		COLOR OR RACE	7 MARR	IED NEVER MARRIE		DATE OF BIRTH			9. AGE (In years	if UNDE Months		IF UNDE	
	Male	White	WIDOWE	D 🔼 DIVORCE		Septembe:	r 5,	1881	last birthday) 79 yrs	MOINTINS	Doys	Haurs	Min.
	10a. USUAL OCCUPATION (G during most of working li	ive kind of work of	lone 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign	country)	12. CI	TIZEN OF	WHATC	OUNTRY?
	Farmer			Parm		Murle			n		USA		
	13. FATHER'S NAME					14. MOTHER'S A	AIDEN I	NAME					
	Eli Wilson					Charlo	tte	Growde	en				
	15 WAS DECEASED EVER IN 1 (Yes, no. or_unknown) (If yes,	U. S. ARMED FOR		SOCIAL SECURITY NO		ORMANT				dress			
	No				Ch	ester N.	Wil	son, (Dumberlar	id, Mo	l		
	18. CAUSE OF DEATH		use per lin	ne for (a), (b), and (c)	1	20			0			ERVAL BE	
	PART I. DEATH W	/AS CAUSED BY: IEDIATE CAUSE (d	1	round	- /1	move	-01	de	tes		/	2-7	-
	4-33	DUE TO					,	1					
	Canditions, if any, v)aute	-50	10	K	Ce	50				
	gave rise to imme- cause (a), stoting the <u>u</u>			· ·								Manager	
	lying cause last.) (c									1.		
e.	PAIN II OTHER SI	IGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	IOT RELATED TO 1	HETERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	RMED?
اسرا	5											YES 🗌	NO
	PART II OTHER SI	AUSE OF DEATH	206 DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture of	injury in	Port I ar Pa	rt II of item 18.}				
				10,000 -000,0000	20 81 44	TE OF INDIRA IN		nor re-			40		(5)
	20c. TIME OF INJURY M	ionih, Doy, Yed	While	Not while	focts	E OF INJURY (Herry, street, affice !	ome, rare oldg., etc	207	Sar Jown	0	(County)	n/h	(Stote)
	₹ p. m.		at war	ar work		Tit of		1	ulup	Ken	26	Wy	1131
	21. F certify that (I)	(this haspital) attend	/		12/2.5	. 19			چکے, 19۔			
	saw the deceased	alive an	7/12/	(2019 , and	that de	atk accurred	01.53	OM, fram	the couses a	nd an th	ne date		
	226 SIGNATURE	7/1	00	*		ATTENDING	e M	ED _	STAFF			221	DATE SIGNIO
	22C PHYSICAL S	den	Ch	-	M	D PHYS 22d, ADDRES		RECTOR _	PHYS [12/	15/6
	NAMP Hype	V. Y11	100	como >		STO. ADDRES	Co	tors	Stown		0-		Tu
	22- PURIAL CREATAVION IS	35, DATE THEREO		Tea Mills as as		- b/	1024		, cu	noc		1	11/10
	REMOVAL (Specify)	40 /4/ //	0	23c. NAME OF CEM				-	ATION (City, town,	en 1	_	(State	
l.	Burial 24. FUNERAL DIRECTOR 5 SIG	12/16/6	0	Green Me	adow		_	Rur		STRAR'S S			l'd.
								D BY REGIS					
	John J. Ha.	ier. Cum	berla	nd. Maryla	nd		DATEU	C 1 9 '6	C	Ilmy &	Flance	A	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13306

may be retained by the haspital or attending physicion.

TO FUNERAL DAKCTOR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please response Corban papers. Pages 1 and 2 the registrar prior to burial, crematian, or removal, and in any event within 74 haurs after death. murs after death.

funeral directar, nould be filed with

ATTINDING BEYEICEN: The law requires that the death certificate be essented within 28 hours after death. Page 4

TO HOSPITAL

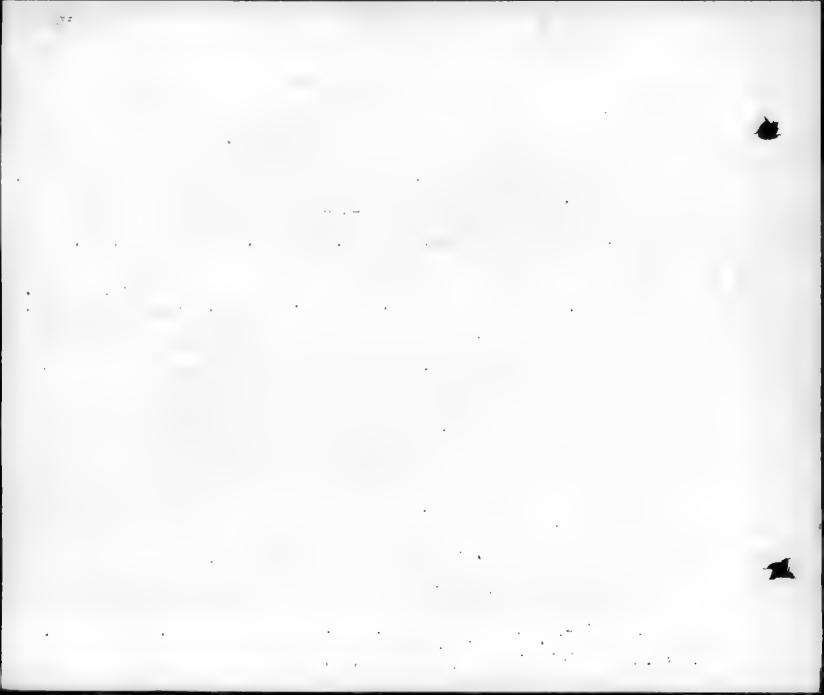
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13335

CERTIFICATE OF DEATH

Reg. Dist. No.

No.	-													
A	1. 1	PLACE OF DEAT	H		MARYLA	AID.	2. USUAL RESIDEN	NCE (Wh	ere deceased	lived, If instituti	on: Resider	nce befo	ire admiss	ion)
7.2	1		llegany					yla			All			
-	l k	b. CITY OR TOW RURAL ond gi	/N (If outside corporate lim ve nearest town)	its, write	c. LENGTH OF STAY IN	116	\ A ===	-		rote limits, write R	URAL and	give ne	arest low	1)
		Midla			<u> </u>			dlar	nd					
	4	d. NAME OF HO OR INSTITUTI	SPITAL (If not in hospital, ;	give street	address)		d. STREET ADD	RESS					e. IS RES	FARM?
			oning Stre	et			Lona	coni	ing S	treet				NOX
*	3. 1	NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE OF	Mor		Do	у	Year
			MINNIE	_	PRITTIMAR	? _ '	WILSON		DEATH	12	,	10)	19 60
	\$. 9	SEX P	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER			
		T.	4.0	WIDOW	ED DIVORCED		1-20-188	81		79 yrs.	Months	Days	Hours	Min.
	10a	. USUAL OCCUP	ATION (Give kind of work working life, even if relired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	E (State	or foreign co	ountry)	12. CIT	IZEN O	WHAT	OUNTRY?
		House		· .	wn Home		Barto	on.N	Ad.		l T	s.	A -	
	13.	FATHER'S NAME			THE TOTAL STATE OF THE STATE OF		14. MOTHER'S MA					-		
		Evan E	rancis Sav	908			Helen	n Co	nok					
	15	WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	IN	FORMANT		7011	Add	ress Mi	പി വ	നദ്	MA.
	{Yes	s, no, or unknown)	(If yes, give wor or dotes of None	service)	None	Mi.	ss_Isabe	el V	Vilen					
	=		DEATH [Enter only one or	use per li			00_2000	<u> </u>	11100	11, 20110			ERVAL BE	
			DEATH WAS CAUSED BY:	/	Mesenter	ic.	The	lan I	bosis	c		ON:	SET AND	DEATH
		sof on	IMMEDIATE CAUSE (d	-	763611 -61	-	1 1110	mr		,		_	3 0 1	7.
		Condition			rteriosci	1 m	21/5	0 010		lis ad		Ī	20	. 1 100
			if any,"which) (t a immediate (PLEPIOSEI	e/	12/2/	y en	C/ Q /	1 fin Co U :			10	<i>yr</i> .
			ting the under-)										
	_	lying cause I		11										
	101	PART II	Chronic		CONTRIBUTING TO BEAT	H BUT I	TOT RELATED TO TH	HE TERMII	NAL DISEASI	E CONDITION GIV	EN IN PAI	(T 1(o)	PERFC	RMED?
	ČĀ												YES 🔲	№ □
	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of in	njury in P	art I or Pari	H of item 18.)				
			TIFY MEDICAL EXAMINER)						1					
	MEDICAL	Hour o.	NJURY Month, Day, Ye	or 20d I While			CE OF INJURY (Hor ory, street, office bl			ar lown)	(County)		(State)
	ME		m. 19	of war	rk at work				i					
		21. I certify	that I attended the	deceas	sed fram Dec	:9	1960	ta	Dec	11, 1960	that I la	ast sav	w the d	eceased
		alive an	Des 19	, 19_	60, and that d	eath i	accurred at		M, fram	the causes ar	d an th	e date	stated	abave.
I				-	ist me					reet, city or town,				E SIGNED
		ACTUAL SIGNATURE	levin	1.	Walles	M	D. 48		roa	dWay			_	
•		BUVCHELANIE	1, .	, ,	11 1-4-				- /			/		/
		PHYSICIAN'S NAME (Type)	Alvin J		la Iters		Fr	05	the	(rg,/	7ar	110	401	<u></u>
	220	BURIAL, CREM	ATION, 22b. DATE THEREO)F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCAT	ION (City, lown,	or county)		{Stot	e)
		Burial	12-13-6	0	Oak Hill	Cer	ne terv		Lona	coning.			M	d.
N	23	FUNERAL DIREC	TOR'S SIGNATURE Haf	er F	unerus Hor	ne		4a. REC'E	BY REGIST		STRAR'S SI	GNATU		
3	13	ulak #.	Mriteaut23	E. N	lain, Frost	our	g.Md.	ATE DE	C 1 9 '6	0 0	thun &	Harris	4.4.	
1 1								38.54				7 10/09/6	No.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13307

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg, Dist, No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY MARYLAND MARYT.AND ATJECANY ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town? CUMBERLAND CIMBERTAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 15 MARKET ST YES NO 🕅 SACRED HEART HOSPITAL NAME OF First Middle Lost DATE Month Day Year DECEASED (Type or print) DEATH 181960 ROY CALVIN WILLSON DECEMBER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Days Months Hours Min. WIDOWED | MARCH 8.1900 60 MALE yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. MARYLAMD BARBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BLANCHE VALENTINE CHARLES EDWARD WILSON. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 124 POLK ST. CUMB. MD. WILSON, JR. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSTS Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur While о. т. Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection [7], Inquiry [7], and find that death resulted fram: Natural causes 7. Accident , Suicide , Homicide . Undetermined cause . ACTUAL CEMBIZ STAC CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Renedict Skitarelic, M.D. December 23, 1960 220, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) 020 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 是62860 Amorning L. Turne

DATE

VS. ATSME(5) SM 9/55

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_1.	2.E	4)	1.6		

4	PLACE OF DEATH o. COUNTY Allegany		MARYLAN	a. STATE	iny land	sed lived. If institut b. COUNTY		before admission) gany
4	b. CITY OR TOWN (If autside corporate I RURAL and give nearest town) Cumber Land	mits, write	E. LENGTH OF STAY IN 1		rown (If outside corp	porote limits, write l	RURAL ond gr	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION ISI Grand Ave.	give street de	ddress)	d. STREET	ADDRESS Frand Ave	•	1	e. IS RESIDENCE ON A FARM? YES NO 12-
	3 NAME OF DECEASED (Type or print) Harry We	First elton	Wolfe Wolfe	U	4. DATE OF DEAT		16, I	960 19
	S. SEX 6. COLOR OR RAC	WIDOWED	D NEVER MARRIED [тн 4, I890	9 AGE (In years lost birthday) yrs	Months D	YEAR IF UNDER 24 HRS lays Hours Min.
1	100 USUAL OCCUPATION (Give kind of wo during most of working life, even if retired Brakems 13. FATHER'S NAME	ed)	ind of Business or in	Moo	PLACE (State or foreign refield, To S MAIDEN NAME		US.	N OF WHAT COUNTRY?
	Ira & Wolfe			8477	nnah Evan			
1	1s WAS DECEASED EVER IN U. S. ARMED F (Yes no. or unknown) (If yes, give wor or dated		OCIAL SECURITY NO.	Ethel	Folfe IZI		Ave.	
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED B' IMMEDIATE CAUSE DUE	(a)	for (a), (b), and (c)] Aleute	Coronay	Orelino	and the same of th		INTERVAL BETWEEN ONSET AND DEATH THE STATE OF THE STATE O
	Canditions, if any, which gave rise to immediate cause (a), stoling the underlying cause last.	(c)	askewsford	to Card	w Vacely	Hesur		Geens
	PART II. OTHER SIGNIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISE	ASE CONDITION GI	IVEN IN PART	167 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEAT	нi	RIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in Part I or P	art II of item 18 }		
	20c. TIME OF INJURY Month, Day, Hour a.m., p. m.	While	JURY OCCURRED 20e Nat while at work	PLACE OF INJURY foctory, street, aff	(Hame, farm, 20f. (Cice bldg., efc.)	ity or tawn)	(Co	unty) (State
	21. I certify that (I) (this hospi	al) attende			156 19 ta			, that (I) (we) last
	220 SIGNATURE POLICIE	luket	Ku	M.D ATTENDI				12/18/6 O
	22 PHYSICIAN S NAME (Type) G. OVER t	on Him	melwright	I33 Vi	ress rginia Av	ve. Cumb	erlan	d, id.
	230 BURIAL CREMATION, 23b. DATE THEIR REMOVAL (Specify) BURIAL IZ-IS		23c. NAME OF CEMETER Philos Ce			ternport		(State)
	24 FUNERAL DIRECTOR'S SIGNATURE Jaines F. Scarpel	li Cun	aberland,	d.	250 REC'D BY REG		SISTRAR'S SIGN	

41.

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VR A15 (4) ISM 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	-4	9990		CERTII	FICA	TE OF	DEAT	Н						
1. PLACE C	OF DEATH	त्राह्ण						Where de	ceased in	ved. If institute	on Residen	ce befor	e odmis	lion)
6. COU	NII	Allegany	,	MAR	YLAND	o. STAT		ylan	đ	b. COUNTY	All	egar	ly	
	OR TOWN (If L and give nec	outside corporate limi	ts, write	c LENGTH OF STAY	(IN 16	c CITY	OR TOWN (If outside	carporote	e limits, write R				1)
F	rostb	urg		20 Day	S	the Market	Fro	stbu	rg.					
d NAM OR II	E OF HOSPITA	LL (If not in hospital, g	ive street (oddress)		d. STRI	ET ADDRESS					6	IS RES	IDENCE FARM?
Mir	ners H	ospital					49 B	road	way				YES [NO X
3. NAME (OF ED	Fir	••	Middle	e		Last	4 D	ATE F	Mon	ith	Day		Yeor
(Type or			alee				olfe	D	EATH]	Decemb		29t)		19 60
S SEX	_	6 COLOR OR RACE		_	_	B DATE OF		1001		AGE (In years lost byrthdoy)	IF UNDER	Days	Hours	Min.
Fema		White	WIDOWE				29th,			O/yrs				
during	most of worki	N (Give kind of work in ng life, eyen if retired	1						eign coun	ilry)	12.011			COUNTRY?
		leacher	Pu	blic Sch	OOT		Maryl						USA	
13. FATHER		11 3.0-					IER'S MAIDE							
	Frank		5550 124	A A A A A A A A A A A A A A A A A A A	. 1.2	NFORMANT	thlee	n Si	1ea	Add				
(Yes, no, or u		IN U. S. ARMED FOR f yes, give wor or dates of s		SOCIAL SECURITY NO			C1	200	Chan				~ m 7	- w 2 1
T						ш. D.	onea,	002	DIII.	iver A	ve.c			
11B. CA		TH [Enter only one co H WAS CAUSED BY:	use per lin	ie for (o), (b), and (c)			-0	. 1		P				DEATH
2	1 -	IMMEDIATE CAUSE (0)	Corro		- Vy	CFC	oei	i	000		-	1_6	elan_
	190	DUE TO		0 7		- 00	177	-	0.	' O		u	0-	4
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couse	(o), stoting the	he under- DUE TO												
_		ER SIGNIFICANT CON	•	ONTRIBUTING TO DI	EATH BU	T NOT RELATI	D TO THE TE	RMINAL D	ISEASE C	ONDITION GI	VEN IN PAR	T 1(o) 15	, WAS	AUTOPSY
FICATION		201111111111111111111111111111111111111				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.0.1.5.11.011.01			PERFO YES	DRMED?
20a A	CCIDENT WAS	UNDERLYING	20b. DESC	CRIBE HOW INJURY	OCCURR	ED. (Enter not	ure of injury	in Port L	or Port II	of item 18.)				
OR CO	ONTRIBUTING HER, NOTIFY A	UNDERLYING CAUSE OF DEATH				·								
	ME OF INJURY	Month, Doy, Ye	or 20d. In	NJURY OCCURRED		LACE OF INJ			. (City or	town)	(Caunty)		(Stote)
20c. TH	Hour a.m. p. m.	19	While of world	Not while	fe	octory, street,	office bldg.,	etc.) !						
		(II) (this beauted			1 5	an	1	10/00	2	Decz	9 10/	CO.		
	-	(I) (this hospital		29 19 6 0 and										
	IGNATURE /	a dive on		2-12-17-0-0 and	a rnar	dearn occi	nied oit	ZEWY,	rom m	e causes ar	na an m	e dore		b.DATE
	,	Hother	13	1 Down	-4.	M D PHYS	IDING	MED. DIRECTO	R 🗆	STAFF PHYS				SIGNED
	HYSICIAN'S	7 .			-		DDRESS							
I N	AME (Type)	John B.	Davi	.S		11 2	Broa	dway	7. F	rostbi	irg,	Md.		
23a. BURIA	L, CREMATION	N, 23b. DATE THEREC)F	23c NAME OF CEN	METERY (OR CREMATO	RY	23d	LOCATIO	N (City, town,	or county)		(Sto	le)
Bur	VAL (Specify)	12-31-6	50	St.Mich	lae]	Ls Cer	neter	У	Fros	stburg	4		Mo	i.
24. FUNER	AUDIRECTOR'S	SIGNATURE		ADDRESS			250 R	EC'D BY I	REGISTRA	R 2Sb REG	STRAR'S SI	GNATUR	E	
1	anoph	Killer	est:	Frostbur	g, 1	1d	DATE	JAN 3	'61	a	rthug &	+		



	1		
ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4	the haspital ar attending physician.	detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 and 2	(
haurs a	in by	7 pun	200
thin 24	ly filled	oges	deorn.
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rtificate	physicia	emave c	int with
death ce	tending	please r	any eve
all the	y the at	Then	ni puo .
quires 1	igned b	permit.	removal
law re	hysician s been s	of-transit	rion, or
AN: The	icate ha	he burio	i, crema
PHYSICI	the haspital ar attending physician.	use as t	Ta Duria
DING	After H	hed far	In prior
ATTEN	TOR:	detac	200

VR A1S (4) 1SM 9/59	TO HOSPITAL OF AT	may be retained	TO FUNERAL DIPLET	page 3 shauld be d	the State Board of H
	_			(4)	

	2017(7										
1. PLACE OF DEATH o. COUNTY Allegan	У		MARYL		usual residence o. STATE Mary	(Where decedy)		institutio DUNTY	Allega		ission)
b. CITY OR TOWN (RURAL and give no Cumberla		ls, write	E. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside con	rporote limits,	write R	URAL and give	e nearest to	wn)
d. NAME OF HOSPIT	TAL (If not in haspital, g			,	d. STREET ADDRES	SS				ON	ESIDENCE A FARM?
	Heart Hosp				54 B.	Lackist				TES	□ NO 🗗
3. NAME OF DECEASED (Type or print)	Lona	st	Middle G		Wolford	4. DAT		De	th cember	Day	Year 196
S. SEX			NEVER MARRIED		ATE OF BIRTH		9. AGE (In	hday)	Months Do	YEAR IF UN	
Female	White	WIDOWI	- 0	- 11/1	3/05		55	yrs.	DO CITIZE	L OF MAN	COUNTRY
during most of wor Houswife	king life, even if retired	1	kind of ausiness or wn home	INDUSTRY		Virgin				S.A.	T COUNTRY?
3. FATHER'S NAME				1	4. MOTHER'S MAID						
المدر وال					M-m	v Belle	South	anl:	ıř		
S. WAS DECEASED EVE	es See Er in u. s. armed for	CES? 116.	SOCIAL SECURITY NO.	17, INFO	TIRMS	A Delle	DOLLALI	Add	ress		
(Yes, no, or unknown) NO	(If yes, give war or dates of s	ervice)	None		Chart						
Canditions, if a gave rise to i cause (a), stating lying cause lost.	the <u>under-</u>	}	C	w	rice	. [/	Hes	ساد		ΙΨ	
PART II. OTI	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE T	ERMINAL DISE	ASE CONDITI	ON GIV	/EN IN PART 1	PER	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature of injur	y in Port I or	Port II of item	18.)			
Y 20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. li While of war	Nat while		OF INJURY (Home, street, affice bldg.		City or town)		(Cou	inty)	(State
			led the deceased f		th accurred at	19.50 .to			7, 19 60		
220 SIGNATURE	John	Ma	w	M.D	ATTENDING	DIRECTOR	STAFF				22b. DATE SIGNED
2c. P (YSICIAN'S NAME (Type) (Jayle	s J.Johnson	n,Jr.	, M.D.		16 Gre	ene St	., Cum	oer 1	and, Md	•	
230. BURIAL, CREMATIC REMOVAL (Specify Burial		of 960	23c. NAME OF CEME		**		cation (city) mberla	-	***	(S	tate)
24. FUNERAL DIRECTOR Byron		Cumbe	arland, Md.		25a.	REC'D BY REC	U 60 25		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1	3	13	W	4		

L-	1000	
1	PLACE OF DEATH o, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
L	Allegany	Maryland Allegany
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give reports town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
L	CUmberland X 111	Od-Cumberland
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	Sacred Heart Hospital	310 Harrison St. YES NO
3.	NAME OF First Middle	Last 4. DAYE Month Day Year
_		ungblood December 4, 180
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS. Months Days Hours Min
	Male White WIDOWED DIVORCED	Dec. 17,1889 70 yrs.
К	 USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU: during most of warking life, even if retired) 	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
		Maryland IL-SA
31	City Police	Maryland U.SA
•	, ICHTIER & INFARE	11/1
	James Youngblood	I the applica
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 117, IP	NFORMANT Address
{	(er. no. esuphnown) Ill yes, give wor or dates of service) 10 ml	Nephew James Bohn 406 Decatur St. City
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	ecuration material promos
	49 0.1 DUE TO	
	Country of the same of the sam	the same and the labour
	Conditions, if any, which gove rise to immediate	my contact prints
	cause (a), stating the under.	
	lying cause last.	
7	- (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
CEPTICION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
A	Well	YES NO
1131	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)
FDT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State)
2	Hour o. m. While Not while for	ctory, street, office bldg., etc.)
4.4	p. m. 19 at work at work	
	21. I certify that (1) (this haspital) attended the deceased fram	1 26 1960 ta / 2 4 - 1960 that (I) (we) last
	14 V. 161	IAG.
		death accurred a fram the causes and on the date stated above
	224. SIGNATURE	ATTENDING STAFE STAFE SIGNED
	M. J. Willeman XI	M.D. PHYS. DIRECTOR PHYS.
	22 PHY ICIAN'S	- 22d. ADDRESS - 26 / 0
	NIAME (Torne)	160.
	J. Johnson, Jr.	1 your & 1 milliactured 14
2	a BURIN CREMATION, 36, DATE THEREOF 23c, NAME O CEMETERY O	B CREMATORY 23d_LOCATION (City, Jown, or county) (State)
Ī	REMOVAL (Specify)	1100
1	Jurial 74/1/60 Helicrest	Land Kintertan Yhill
2		The second of th
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REPLAN AEGISTRAR 256. REGISTRAR'S SIGNATURE
4	, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE 250. REGISTRAR 256. REGISTRAR'S SIGNATURE CITCHER & KLAUE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain. By the haspital ar attending physician.

TO FUNERAL C. ECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 27 haurs after death.

VR A15 (4) ISM 9/59

Share Share and the state of t ALL THE BOOK DIVINED THE PARTY William Company of the